State of Illinois
Illinois State Police
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CHRI User's Manual

Criminal History Record Information

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Chapter 1 Introduction

20 ILCS 2630/2.1 states:

> *"For the purpose of maintaining complete and accurate criminal history records of the Department of State Police, it is necessary for all policing bodies of this State, the clerk of the circuit court, the Illinois Department of Corrections, the sheriff of each county, and State's Attorney of each county to submit certain criminal arrest, charge, and disposition information to the Department for filing at the earliest time possible. Unless otherwise noted herein, it shall be the duty of all policing bodies of this State, the clerk of the circuit court, the Illinois Department of Corrections, the sheriff of each county, and the State's Attorney of each county to report such information as provided in this Section, both in the form and manner required by the Department and within 30 days of the criminal history event."*

Since January 1, 2000, all policing bodies of this state have been required to furnish to the Illinois State Police (ISP) arrest fingerprint cards for all adult persons, 17 years of age or older and minors who are at least 10 years of age, but under 17 years of age who are being treated as an adult, who are arrested on charges of violating any penal statute of this state for offenses that are classified as felonies and Class A or B misdemeanors. Class C misdemeanors and local ordinances may also be reported for adult offenders. All minors the age of 10 years, but not yet 17 years, who have been arrested for an offense which would be a felony if committed by an adult, including station adjustments, must be reported on the juvenile fingerprint card. You may forward such fingerprints and descriptions for minors arrested for Class A or B misdemeanors. In this guide, you will find instructions and examples for completing the juvenile and adult arrest fingerprint cards, along with all related forms.

Criminal history systems contain data that records an offender's interactions with the criminal justice system. One unique characteristic of the criminal justice system is that an offender encounters many different agencies as he/she progresses through the various stages of the system. Police agencies investigate and arrest offenders, state's attorneys prosecute, judges conduct trials, and so on. Therefore, the criminal history system must provide a reporting process that accommodates all types of agencies.

Illinois law defines criminal history as data identifiable to an individual and consisting of descriptions or notations of arrests, detentions, indictments, information, pretrial proceedings, trials, or other formal events in the criminal justice system or descriptions or notations of criminal charges and the nature of any disposition arising there from, including sentencing, court or correctional supervision, rehabilitation and release. This means criminal history systems must contain identification and event level data. In Illinois' system, police agencies are required to report arrests using arrest fingerprint cards, state's attorneys must report filing

decisions, circuit court clerks must report disposition and sentencing data, and county jails and Illinois Department of Corrections must report custodial information.

Since 1931, the Illinois State Police has occupied the role of state central repository for adult criminal records. During the late 1990's, several legislative commissions began examining the problem of juvenile crime and developed recommendations that eventually became legislation entitled the Juvenile Justice Reform Act (JJRA). JJRA changed the entire concept of juvenile justice and provided the legislative authority for ISP to create a juvenile criminal history system. Provisions of the U.S. Department of Justice (DOJ) regulations and 20 Illinois Compiled Statutes 2630/5 et. seq. mandates that:

> "*All policing bodies of this State shall furnish to the Department, daily, in the form and detail the Department requires, fingerprints and descriptions of all persons who are arrested on charges of violating any penal statute of this State for offenses that are classified as felonies and Class A or B misdemeanors and of all minors of the age of 10 and over who have been arrested for an offense which would be a felony if committed by an adult, and may forward such fingerprints and descriptions for minors arrested for Class A or B misdemeanors*."

What is unique about the juvenile criminal history system is the emphasis on early intervention by creating provisions for station adjustments, probation adjustments, community mediation programs, and teen court. ISP sought and received extensive input from a broad cross section of juvenile justice agencies that resulted in the development of a juvenile criminal history system similar in concept and scope to the adult system. Just as the adult arrest fingerprint card (white in color) begins the process for adults, the yellow juvenile arrest fingerprint card will initiate the process for juveniles. Police agencies will use the juvenile arrest card to report station adjustments, probation agencies will use this form to report probation adjustments, state's attorneys will use this form to report filing decisions, and circuit court clerks will use this form to report disposition and sentencing information.

Since January 4, 2000, the juvenile arrest fingerprint card should be used to report all arrests of juvenile offenders. Most agencies that use live scan (electronic fingerprinting) machines should have the juvenile form loaded on their machines by their respective vendor. Live scan agencies that do not have the new juvenile form on their machine can use the adult arrest format to report juvenile information, as long as they indicate either "3" or "J" in the **Prosecute as an Adult** indicator field. Some live scan machines are set up to accept "3" in this field while others will only accept "J". It should be noted that in this situation, agencies will not be able to report any of the new data fields such as terms and lengths of adjustments, parental information, etc. Juveniles who will be treated as an adult should be fingerprinted on the adult arrest fingerprint card. If agencies have questions regarding juvenile reporting, please contact the Illinois State Police, Bureau of Identification at (815) 740-5160.

FINGERPRINTS

The foundation of modern criminal history systems is predicated upon good fingerprints. Police agencies report arrests by submitting fingerprints and demographic data to ISP. ISP uses sophisticated fingerprint technology to identify and compile the fingerprint and criminal data into electronic databases and provides criminal history data through an electronic infrastructure. Even the most sophisticated technology is of little use if the fingerprints are of poor quality. Simply put, positive and accurate fingerprint identification requires clear, legible, and classifiable fingerprints.

PAPER FINGERPRINT FORM

Experience teaches that agencies should fingerprint the offender, and then complete the data on the fingerprint card. ISP recommends you write the subject's last name on the card and then fingerprint the offender. By following this guideline, if the fingerprints are smudged you have not wasted time completing the entire form. Simply discard the form and use a new one. Completing the "Subject's Last Name" field before rolling the fingerprints of the subject ensures the correct information is placed with the subject's fingerprints when booking multiple subjects. **Do not** burst the four part snap out card prior to rolling the prints or filling out the information.

LIVE SCAN

The BOI recommends the use of live scan machines for submitting fingerprint submissions to reduce the potential of submitting poor quality fingerprints. Live scan machines also ensure that demographic data (name, sex, race, date of birth, etc.) are submitted clearly and legibly. Information on how to complete electronic live scan submissions may vary from vendor to vendor, however, ISP requirements for each field are the same for both live scan and paper formats. Detailed instructions for each submission type are included in this manual.

Once an arrest fingerprint card has been completed using a live scan machine, it is important to remember to print copies for the State's Attorney and Circuit Clerk. Form distribution procedures are the same for both live scan and paper formats.

COMPLETE INFORMATION

The quality and accuracy of information maintained by ISP is dependent upon the quality and accuracy of data submitted by the reporting agencies. While typed documents are preferred, legible handwritten submissions are also acceptable. Use a black ball point pen to score the information. Some fields on the fingerprint card are mandatory and others are optional. If the information requested for an optional field is unavailable or unknown, the field may be left blank. However, if the information requested for a mandatory field (indicated on the card in bold type) is unavailable or unknown, the appropriate legal "unknown" code value must be used. Failure to properly complete a mandatory field will result in the form being returned unprocessed. Certain fields on ISP forms require the use of the NCIC Code Tables. For your convenience, this information is included as an appendix (*Appendix B: Code Tables*). The criminal history system will edit the submitted data and return those records that do not possess the mandatory data fields. In that situation, the submitting agency should correct the information and resubmit the document to ISP as quickly as possible.

FORM DISTRIBUTION

Copy 1 is the Arresting Agency's two-sided copy. This copy is retained by the arresting agency in their files.

The front side of *Copy 2* is used by the state's attorney to report filing decisions. The state's attorney completes this form and forwards to ISP. On the form, if the arresting agency is going to pursue prosecution of the offender, that agency must forward *Copy 2* and *Copy 3* of the arrest card to the state's attorney or probation office. (In some counties, the probation office reviews juvenile cases before the state's attorney gets involved.) If the state's attorney decides to file charges, *Copy 2* of the arrest card is forwarded to ISP, and *Copy 3* of the arrest card must be forwarded to the circuit court clerk.

On the juvenile form, the top of the reverse side of *Copy 2* is used by the arresting agency to report station adjustments or released without charging to ISP, if the arrest card has already been submitted to ISP. If the police agency chooses to use the station adjustment option or release the juvenile offender without charging, the police agency retains *Copy 3* of the juvenile arrest card. The bottom of the reverse side of *Copy 2* on the juvenile form is used by the probation office to report probation adjustments to ISP. If the probation office decides to adjust the offender, the probation office should retain *Copy 3* of the juvenile arrest card. If the probation office decides to forward the case to the state's attorney, the probation office must forward *Copy 2* and *Copy 3* to the state's attorney.

Copy 2 and *Copy 3* of the adult form is forwarded to the state's attorney's office. *Copy 2* is used to show filing decisions. If charges are filed, the state's attorney's office forwards *Copy 3* to the circuit court clerk.

Copy 3 of both the juvenile and adult form is used by circuit court clerks to report the disposition and sentencing information (if applicable) to ISP.

Copy 4 is used by arresting agencies to report arrest information to ISP.

Forms should be submitted to ISP at the address below:

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4072

The remainder of this guide will present the detailed, field level instructions and some examples of common reporting situations. If you have any questions regarding these forms, please feel free to contact the Illinois State Police, Bureau of Identification at (815) 740-5160 or via e-mail at boi_customer_support@isp.state.il.us.

***Please Note**: The form distribution specified above works for on-view arrest transactions to include subjects cited for original arrest warrants from same county. If the subject is cited for an on-view arrest as well as a warrant from different counties, two separate arrest packets should be completed to ensure proper criminal history record information processing by the appropriate state's attorney and circuit clerks office.*

Chapter 2 Fingerprint Information

Fingerprints offer a positive means of personal identification. While other physical characteristics change over the years, fingerprints do not. Fingerprints can be submitted in one of two ways:

Rolled, Inked Prints
If access to live scan is not available, roll the subject's inked fingerprints, then submit the appropriate copies of the fingerprints to the BOI.

Live scan
Live scan is a process in which fingerprint images are captured electronically and transmitted to the BOI. Instructions for rolling good quality fingerprints on a live scan machine should be obtained from the live scan machine's vendor.

If live scan images are submitted, paper copies of the fingerprint cards do not have to be submitted to the BOI. Using live scan, it is no longer necessary to submit a second fingerprint card for submission to the FBI.

TO OBTAIN CLASSIFIABLE INK & ROLL FINGERPRINTS:

1. Subject's hands should be clean and dry.

2. Coat the platen with a thin, even coat of ink using an ink roller.

3. Subject should stand behind and a little to the right of the person rolling the prints.

4. Subject should be told to relax and refrain from helping to roll fingers.

5. Grasp the subject's finger firmly with your right middle finger and thumb and guide with your left index finger. (Do not allow fingers to slip.)

6. Roll the fingers on the right hand from left to right and the fingers on the left hand from right to left. Obtain the complete pattern of the first joint of the finger from one side of the fingernail to the other side of the fingernail.

7. Be sure impressions are recorded in the correct order.

8. To obtain "plain" impressions, all the fingers of the right hand should be pressed lightly upon the inking platen, then press the three middle fingers, then the little finger upon the lower right hand corner of the card in the space provided. The left hand should be similarly printed on the lower left hand corner of the card and the thumbs of both hands

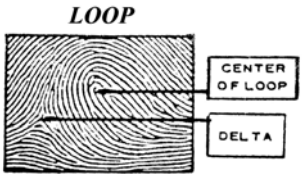
should be inked and printed without rolling, in the space provided on the bottom middle of the card.

9. If an amputation or deformity makes it impossible to print a finger, make a notation to that effect in the individual finger block and in the designated spot on the card for “plain” impressions.

10. If some physical condition makes it impossible to obtain perfect impressions, submit the best that can be obtained with a memo on back of the card explaining the circumstances.

11. Examine the completed prints to see if they can be classified, keeping in mind the following:

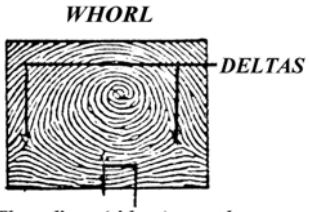
- A delta is the point at which the lines forming the loop or whorl pattern spread and begin going in different directions. All loop prints have one delta, while Whorl prints have two deltas.



The lines (ridges) between the center of the loop and delta must be clearly visible.

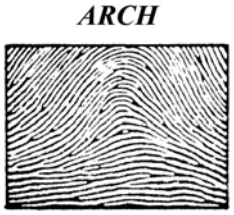
- Loop prints cannot be classified unless the center of the loop, the delta, and the lines between them are clear.

- Whorl prints cannot be classified unless the two deltas and the lines connecting the deltas are clear.



These lines (ridges) must be clearly visible.

- Arch fingerprints can be classified if a sufficiently clear impression is obtained to permit identification of the pattern as being an arch.



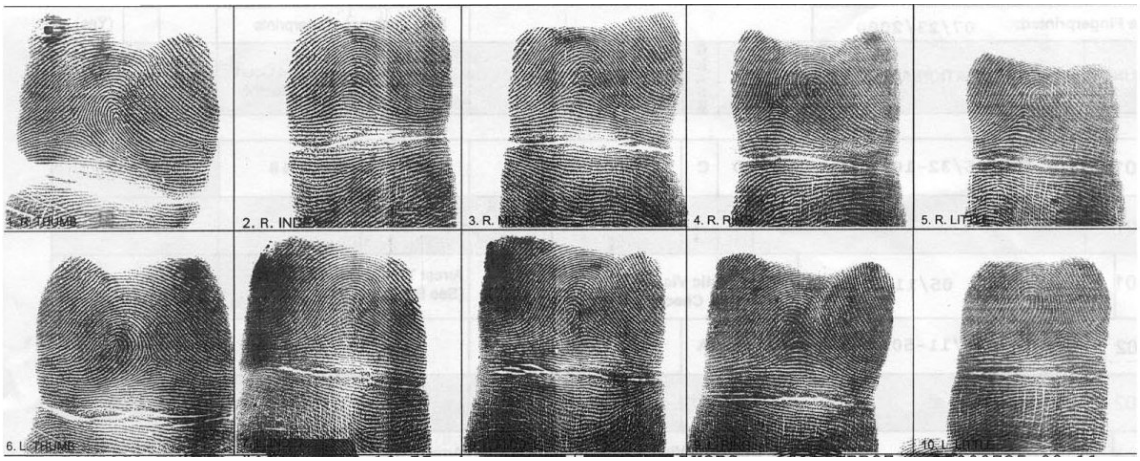
Arches have no deltas.

- The following illustration clearly demonstrates that if the finger is not rolled far enough, it makes the pattern appear as a loop, but when rolled out completely this pattern has the value of a whorl.

Incomplete roll. *Fully rolled whorl*

- If, upon examination, it appears that any of the impressions cannot be classified, new prints should be rolled.

- This example shows a properly rolled fingerprint.



The most common error when rolling prints is not completely rolling the print. Prints must be rolled from nail edge to nail edge.

LIVE SCAN

Live scan is an inkless electronic system designed to capture an individual's fingerprint images and demographic data (name, sex, race, date of birth, etc.) in a digitized format that can be transmitted to the state central repository for processing. The data is forwarded to the BOI over a Virtual Private Network (VPN) and then processed by the ISP's Automated Fingerprint Identification System (AFIS). Once received at the BOI for processing, the inquiry can then be forwarded to the FBI electronically for processing. All of this occurs within minutes and results in a biometric identification of an individual with little or no human intervention.

There have been a number of advancements in live scan technology over the last ten years. Live scan fingerprint technology provides a fast, easy way of capturing fingerprint images and transmitting them to get a quick criminal history record response. Live scan operators do not require in depth training in order to roll a good set of fingerprints and do not have to be versed in the science of fingerprinting to successfully utilize live scan equipment. Today's live scan devices are equipped with error checking software that reduces potential fingerprint quality errors. Live scan technology is widely used among criminal justice as well as many non-criminal justice entities that submit fingerprints to the state and/or FBI for processing. The overwhelming majority of fingerprint submissions received by the ISP and FBI are submitted electronically utilizing live scan technology.

Major advantages of utilizing a live scan system include the ease of use and the speed in which fingerprint images and demographic data can be captured,d transmitted and positive identifications made. Fingerprint impressions are taken by placing a subject's fingers against a glass platen and scanning them. The scanned images are digitized and packaged with the demographic information that must be keyed into the system. Both sets of data are then electronically forwarded to the ISP's AFIS system for processing. Most live scan submissions

are processed and results returned within 48 hours. Another benefit of live scan technology is its built-in quality assurance component. As fingerprints are scanned, the device determines if the fingerprint images are rolled completely and in the proper sequence to meet minimum quality control processing standards. When using the old ink and roll method, poor quality prints could not be determined until they had been sent through the mail to the BOI and processed by a fingerprint technician. The manual submission and processing of fingerprint cards always increases the potential of errors and results in increased response times.

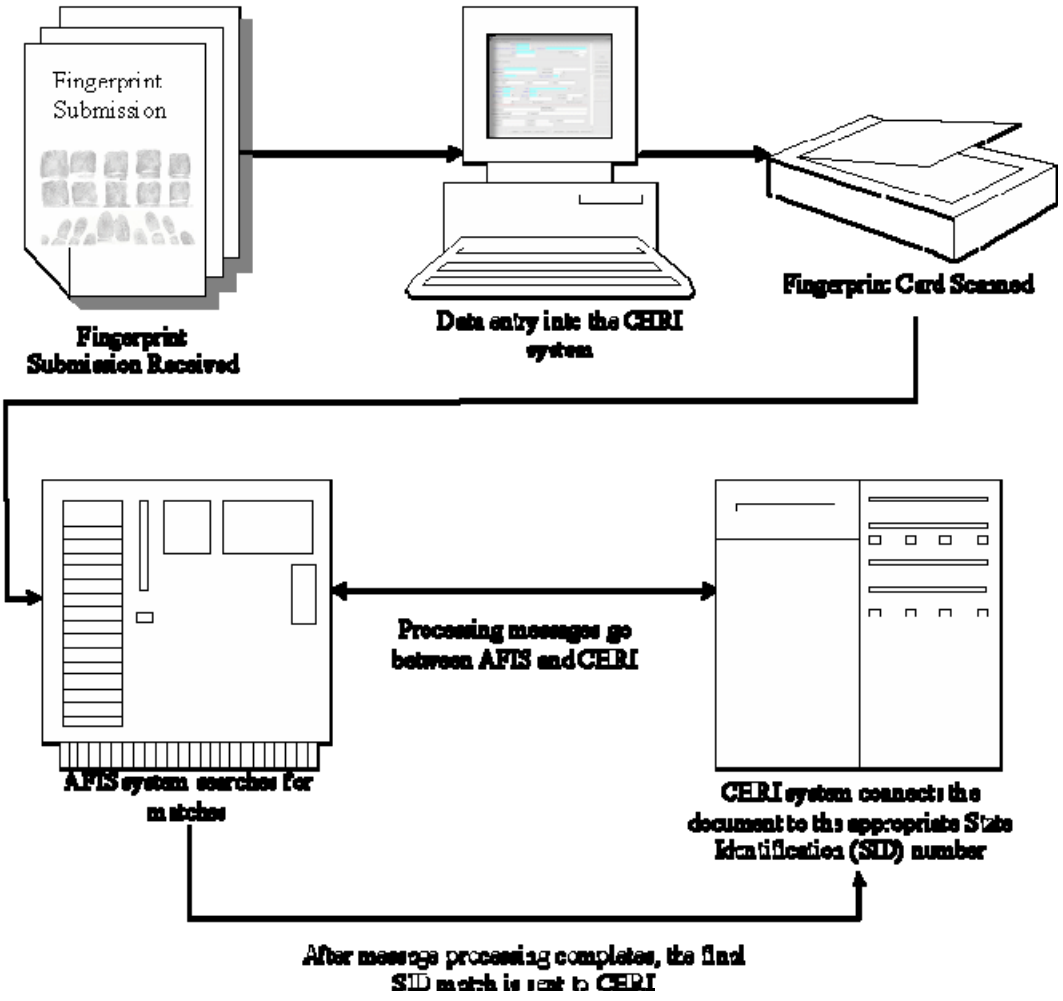
Benefits of using live scan fingerprint submissions include:

- It is an inkless/paperless system.
- Provides rapid positive identification.
- Reduced transmission costs.
- Quicker hit/no hit response.
- Quick fingerprint capture capability.
- Better quality fingerprint images.
- Fewer chances for errors due to built in edits.

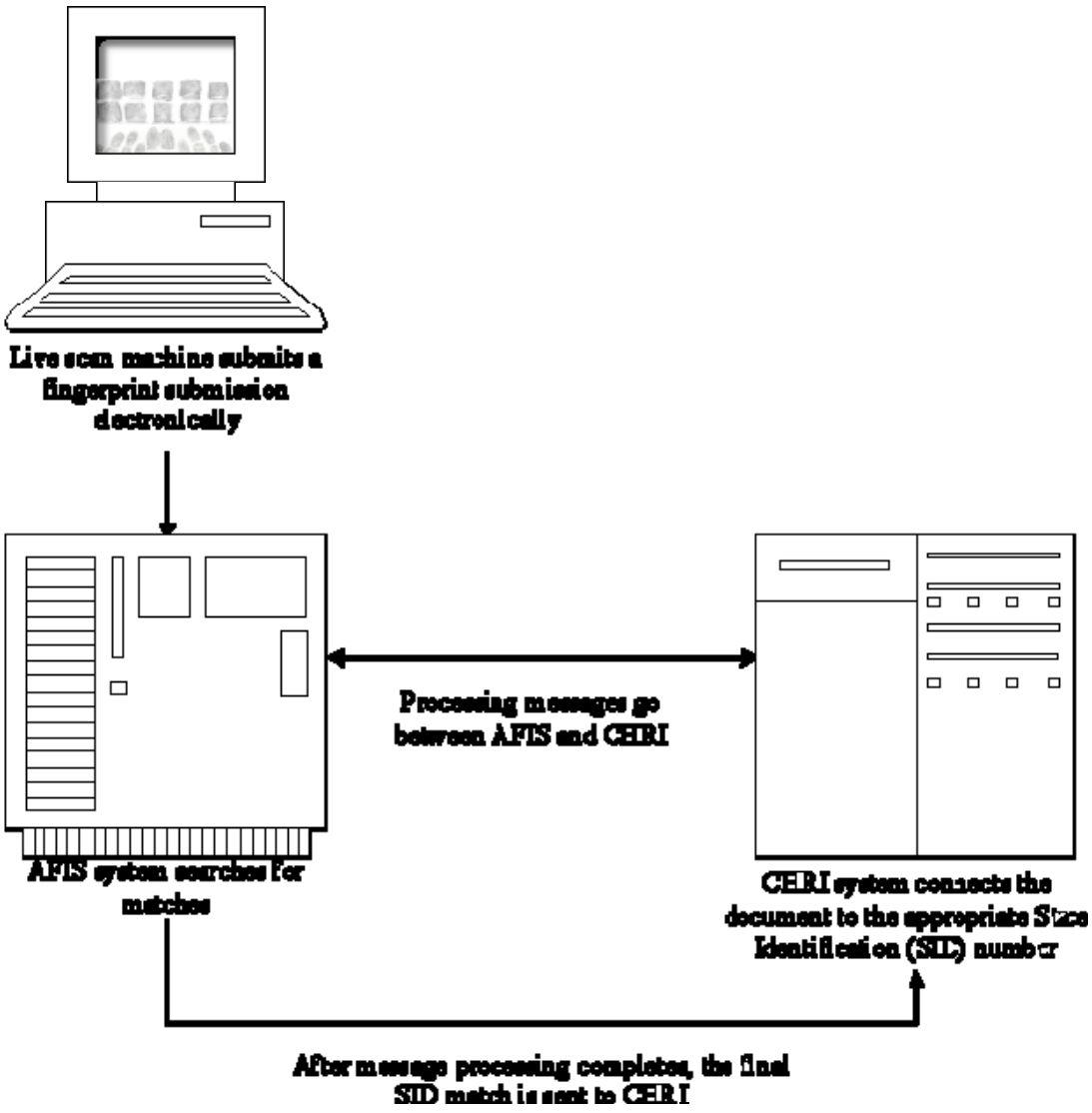
Print using live scan

Print using Ink & Roll

Manual Fingerprint processing:


Fingerprint Submission
Fingerprint Submission Received
Data entry into the CERI system
Fingerprint Card Scanned
AFIS system searches for matches
Processing messages go between AFIS and CERI
CERI system connects the document to the appropriate State Identification (SID) number
After message processing completes, the final SID match is sent to CERI

Live scan Fingerprint Processing:


Live scan machine submits a fingerprint submission electronically
Processing messages go between AFIS and CHRI
AFIS system searches for matches
CHRI system connects the document to the appropriate State Identification (SID) number
After message processing completes, the final SID match is sent to CHRI

Acquisition and implementation of live scan equipment should be carefully planned to ensure maximum effectiveness. The FBI has developed standards which must be used in the transmission of all live scan data. The *Electronic Fingerprint Submission Specification* document can be found via the internet at www.isp.state.il.us/crimhistory/livescan.cfm. The ISP will assist agencies in planning for the acquisition of live scan equipment to ensure compatibility with both the state and national criminal history systems. For a more information concerning live scan, contact the BOI Customer Support Unit at (815) 740-5160 or via e-mail at livescan@isp.state.il.us.

REASONS FOR ILLEGIBLE PRINTS

There are several reasons why inked fingerprint impressions may be illegible:

- There was too much ink on the platen.
- There was an uneven distribution of ink.
- The subject's fingers were not completely rolled from the entire first joint of each finger.
- The subject's fingers slipped while being rolled, causing blurred and smudged prints.
- The subject's hands contained moisture or some foreign substance when the prints were taken.
- Amputated, paralyzed, bent, or damaged fingers were not marked in the fingerprint block.
- Ridge characteristics were not distinct, possibly because of the subject's occupation or disease of the skin. Occasionally, legible prints can be obtained by soaking the subject's hands in warm water and drying them thoroughly before printing.
- An improper type of ink was used.

If it appears that any of the impressions are illegible, the fingerprint should be re-rolled. Be sure to record impressions in the correct order. The correct fingerprint must appear in the correct fingerprint block. If a print is illegible, a Retab (sticker) can be placed over it and the print can be rolled again. If the card requires more than two Retabs in any one block, the entire card must be rolled again.

REASONS FOR REJECTED PRINTS

There are several reasons why a fingerprint submission may be rejected:

- Two subject's fingerprints are printed on the same card.
- The fingerprints are printed in the incorrect box on the card.
- The fingerprints must be within the box; they cannot overlap or touch the lines of the box.
- Too much ink was used.
- Not enough ink was used.
- Uneven pressure.

AFIS FINGERPRINT QUALITY REJECT PROCEDURES

When a fingerprint submission contains illegible or insufficient minutia data, the images cannot be processed by the Automated Fingerprint Identification System (AFIS). Consequently, the fingerprint card cannot be processed and a 'fingerprint quality' reject response is forwarded to the submitting entity. Such rejects can occur at the BOI or at the FBI. Unless the fingerprint image quality is extremely poor, the BOI is usually able to process the overwhelming majority of fingerprint submissions with no problems. The FBI has more stringent fingerprint quality editing routines than the BOI; consequently, the FBI rejects a greater number of fingerprint submissions. Please be advised that the BOI has no authority to dictate to the FBI what fingerprint images should be considered AFIS unacceptable versus those that should be classified as AFIS acceptable.

Criminal Justice Submissions

When the 'fingerprint quality' reject begins at the state level, the fingerprint images can not be forwarded to the FBI. Merely resubmitting the initial fingerprint images will not result as AFIS acceptable. A rejection notice will be sent to the arresting agency requesting use of the agency copy of the fingerprint card. The agency copy will be returned to the submitter upon request.

Non-criminal Justice Submissions

When the 'fingerprint quality' reject begins at the state level, the fingerprint images can not be forwarded to the FBI. Merely resubmitting the initial fingerprint images will not result as AFIS acceptable; the subject must be re-fingerprinted and submitted with a new Transaction Control Number (TCN). The original TCN must be inserted into the Transaction Control Reference Number field (EFSS field tag number 1.10 of the type one record as described in the Electronic Fingerprint Submission Specification document, if submitted via live scan). For state level rejects, the first transaction is not submitted to the FBI; therefore, a new set of fingerprints must be taken and flagged appropriately to be processed by both the State and the FBI. For Fee Applicant submissions, the reprocessing fee of $10.00 for the state check applies in this case as well as $19.25 for the FBI check.

When a Fee Applicant 'fingerprint quality' reject occurs at the federal level, and the submission was transmitted as both a State and FBI check, the requester receives a state response but the FBI forwards a rejected response. The transaction must be resubmitted with a new TCN and the original FBI Internal Control Number (ICN) from the initial FBI reject message must be inserted into the same 1.10 Transaction Control Reference Number field when submitting the fingerprints for a second time. The FBI issues a new ICN if the fingerprint submission is rejected a second time.

If fingerprints processed successfully through the ISP, and the rejection occurred only at the FBI level, this second set of prints should be flagged as FBI Only. In this scenario, the fee consists of a $10.00 FBI re-submission fee.

If the FBI rejects the transaction a second time, a name based inquiry can be requested. The only time the FBI will provide a name based response is when a fingerprint submission has

been rejected a minimum of two times. In order to request a name based inquiry, the requester must contact the BOI Customer Support Help Desk at (815)740-5160 or via e-mail at boi_customer_support@isp.state.il.us and provide both the FBI ICN numbers from the rejection notices, as well as other identifiers pertaining to the applicant. The BOI will forward the request to the FBI for processing. Once the FBI processes the name based inquiry, the response is forwarded back to the BOI. The BOI then forwards the name based response to the requester. An FBI name based inquiry can only be requested within a 90 day window from the date of the second or most recent FBI fingerprint quality reject was processed. There is no fee associated for this request. Agencies that have an assigned NCIC number can contact the FBI directly to obtain name checks.

If the individual wishes to request their own name check, it can be mailed or faxed to the attention of "Name Check Request" at the address listed below, following the procedures outlined above.

Mail FBI
CJIS
100 Custer Hollow Road
Clarksburg, WV 26306-0171
ATTENTION: Name Check Request

Fax (304) 625-5102

Electronic www.fbi.gov/hq/cjids/namecheckfaqs.pdf

Uniform Conviction Information Act (UCIA) requests are not accepted by the FBI; therefore FBI rejects cannot occur for this transaction type. When a UCIA request is rejected due to fingerprint quality, the process to resolve these rejected submissions is the same as explained above for state level rejects. Merely resubmitting the initial fingerprint images will not result as AFIS acceptable; the applicant must be re-fingerprinted and submitted with a new Transaction Control Number (TCN). The initial Transaction Control Number (TCN) must be inserted into the Transaction Control Reference Number field (EFSS field tag number 1.10 of the type one record as described in the Electronic Fingerprint Submission Specification document).

Although the ISP produces very few fingerprint quality rejects, the ISP will also produce a name based inquiry upon request. To request a Uniform Conviction Information Act non-fingerprint based inquiry form, the requester can either contact the BOI Customer Support at (815)740-5160, via e-mail at boi_customer_support@isp.state.il.us, or via the Illinois State Police home page at www.isp.state.il.us and select the "Request for Criminal History Information" form. This form is mailed to the requester along with the instructions for completing and processing the request. A fee of $16.00 is required to process Uniform Conviction Information Act name based inquiry forms. This name based check produces only Illinois conviction information.

If you have any questions regarding how to resubmit fingerprint inquiries previously rejected, or how to initiate a name based response, please contact the BOI Customer Support at (815)740-5160 or via e-mail at boi_customer_support@isp.state.il.us.

Chapter 3 Flow of Criminal History in the Criminal Justice System

ISP uses multiple cards and forms to obtain and maintain accurate criminal history record information. The process of recording criminal history record information (CHRI) begins at the time the subject is arrested or taken into custody. This chapter provides an overall view of the flow of criminal history in the justice system.

Since 1931, state law has required police agencies to submit fingerprint cards to the central repository for documenting the arrest of offenders within their jurisdiction. In 1999, a new series of fingerprint cards and disposition forms was created and distributed.

This chapter explains how criminal history information flows through the criminal justice system when the following cards and forms are completed.

- Arrest Card
- Juvenile Arrest Card
- State's Attorney Disposition
- Court Disposition
- Custodial Receipt
- Custodial Status Change

The examples shown in this chapter represent the *typical* reporting situations. Not all Illinois agencies report CHRI in the same way. For example, some agencies use live scan and some counties use central booking agencies. The ISP recognizes the importance of developing integrated electronic reporting networks that provide quality information submitted in a timely manner. Therefore, ISP will provide assistance to those organizations who seek to develop such systems.

RESPONSIBILITIES OF CRIMINAL JUSTICE AGENCIES

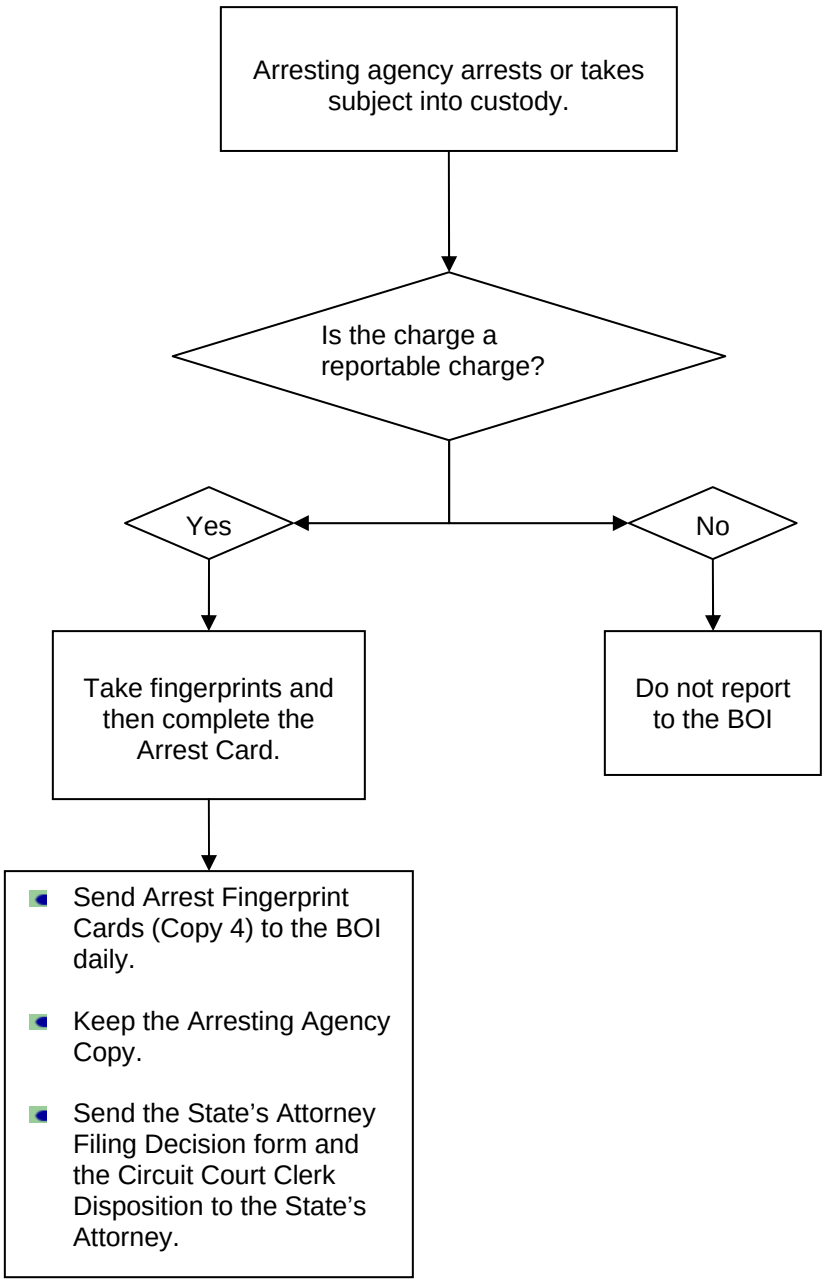
The Bureau of Identification (BOI), arresting agencies, state's attorneys, circuit clerks, county jails, and Illinois Department of Corrections all have specific responsibilities regarding the capture and reporting of CHRI.

- **Responsibilities of Arresting Agencies**
  - Submit fingerprint cards to the BOI within 24 hours of the event.
  - Report all instances of "*Released without Charging.*" (If your agency submits a fingerprint card, then releases the individual without charging him or her, you ***must*** report this action as "*Released without Charging*." See *Chapter 9, Adult Arrest Fingerprint Card* instructions on page 9-1.)
- **Responsibilities of State's Attorneys**
  - Report decisions to file, not to file, to add, or to modify charges for reported arrests within 30 days after such decisions are made.
  - Request the court to order all individuals that are sentenced for a reportable offense to be fingerprinted for that offense if they have not previously been fingerprinted.
- **Responsibilities of the Circuit Court Clerks**
  - Report final court dispositions and sentences pertaining to reported arrests within 30 days after such decisions are rendered.
  - Report subsequent dispositions on the *Supplemental Disposition Form* (such as Review Court actions, termination of probation, termination of supervision, and revocations).
- **Responsibilities of Custodial Facilities**
  - Submit fingerprint cards to report the receipt of anyone who has been sentenced to the agency's custody for criterion offenses.
  - Report any significant change in the status of an incarcerated individual.
- **Responsibilities of the BOI**
  - Collect and maintain arrest fingerprint submissions, dispositions, and custodial information.

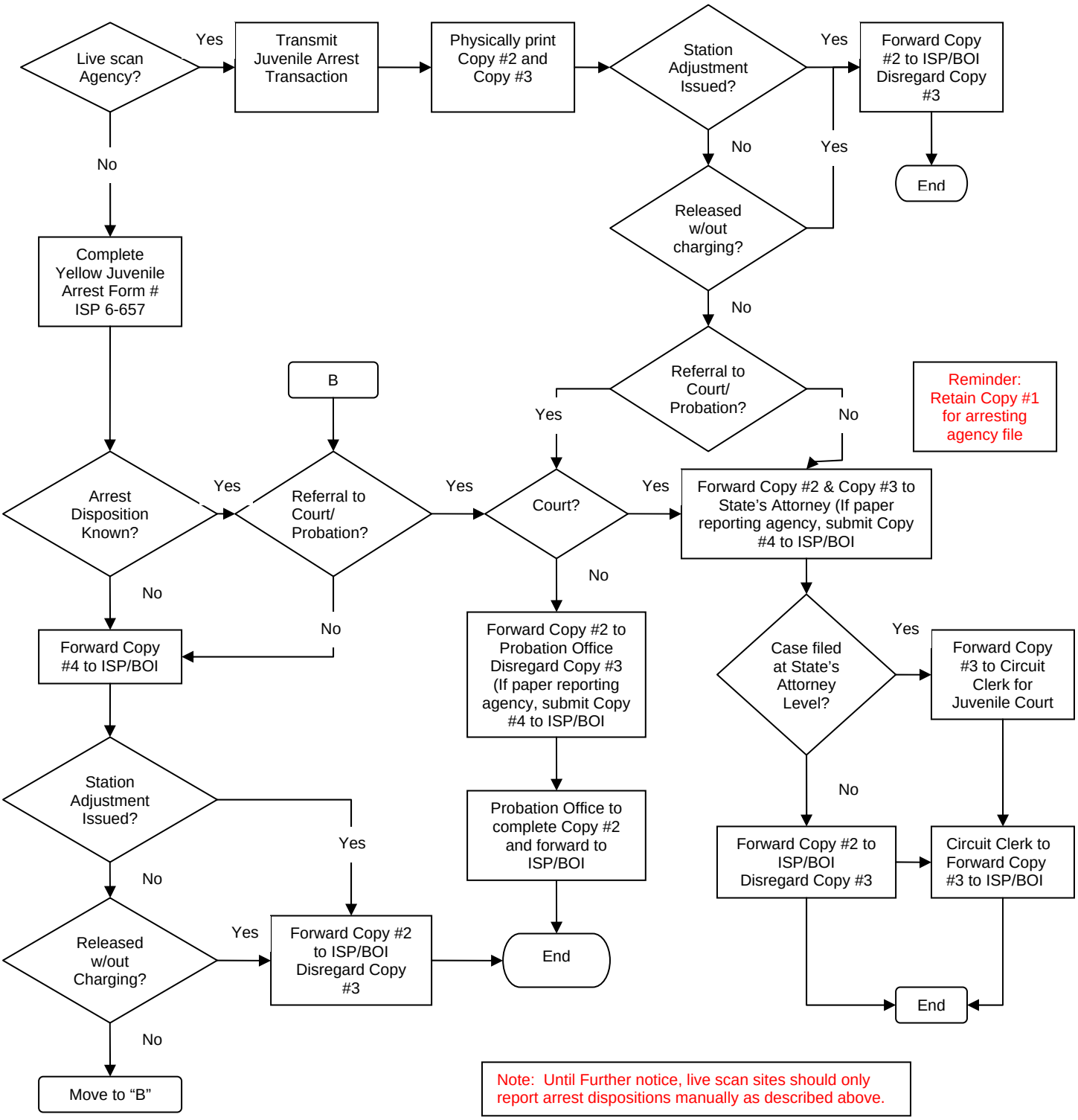
- Establish mechanisms to ensure timely reporting of arrests, dispositions, and custodial information.
- Assist criminal justice agencies in developing reporting procedures.
- Provide CHRI to criminal justice and non-criminal justice agencies as provided by law.

ARREST CARD

When a subject is arrested or taken into custody, the arresting agency completes an Arrest Card.

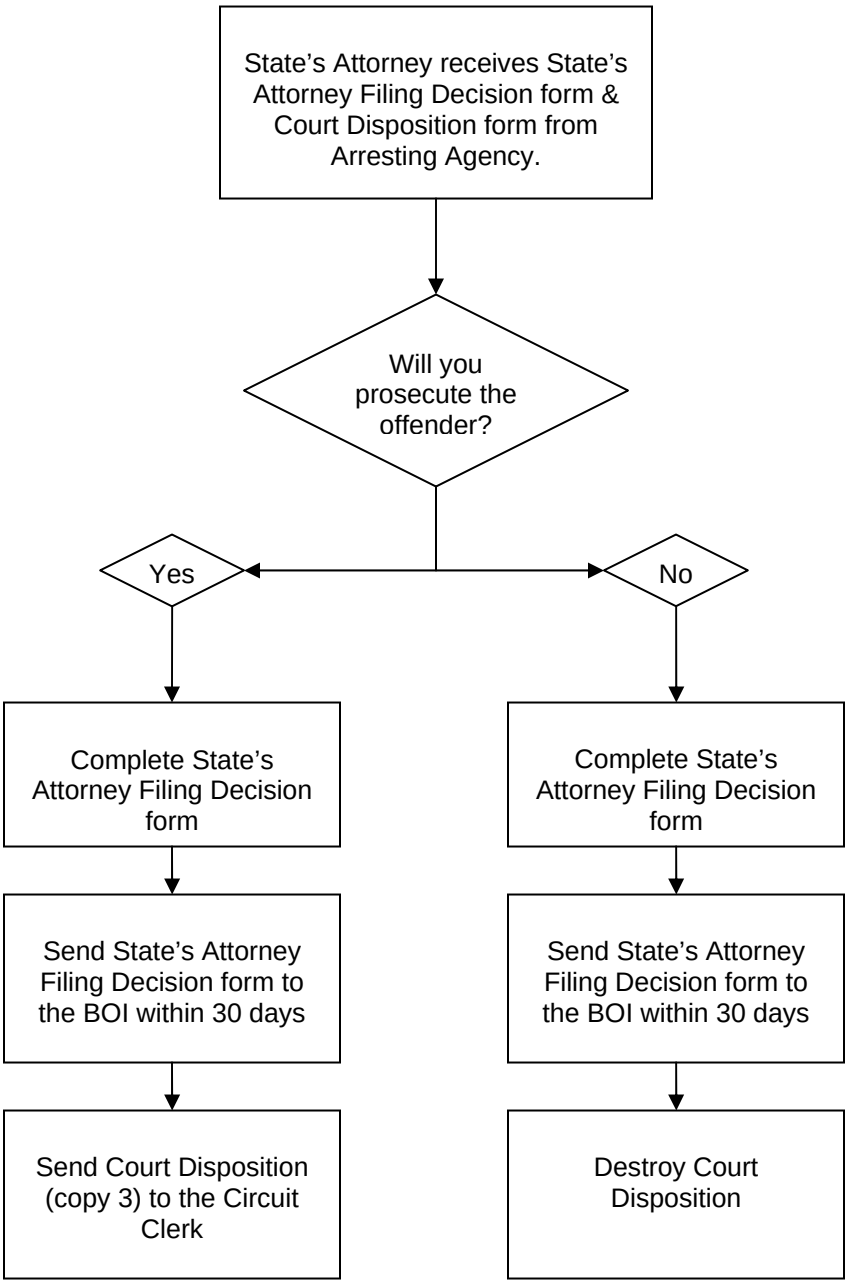

Arresting agency arrests or takes subject into custody.
Is the charge a reportable charge?
Yes
No
Take fingerprints and then complete the Arrest Card.
Do not report to the BOI
Send Arrest Fingerprint Cards (Copy 4) to the BOI daily.
Keep the Arresting Agency Copy.
Send the State's Attorney Filing Decision form and the Circuit Court Clerk Disposition to the State's Attorney.

JUVENILE ARREST CARD


Live scan Agency?
Yes
Transmit Juvenile Arrest Transaction
Physically print Copy #2 and Copy #3
Station Adjustment Issued?
Yes
Forward Copy #2 to ISP/BOI Disregard Copy #3
End
No
Yes
Released w/out charging?
No
Referral to Court/ Probation?
Yes
No
Reminder: Retain Copy #1 for arresting agency file
No
Complete Yellow Juvenile Arrest Form # ISP 6-657
B
Arrest Disposition Known?
Yes
Referral to Court/ Probation?
Yes
Court?
Yes
Forward Copy #2 & Copy #3 to State's Attorney (If paper reporting agency, submit Copy #4 to ISP/BOI
No
No
No
Forward Copy #4 to ISP/BOI
Forward Copy #2 to Probation Office Disregard Copy #3 (If paper reporting agency, submit Copy #4 to ISP/BOI
Case filed at State's Attorney Level?
Yes
Forward Copy #3 to Circuit Clerk for Juvenile Court
Station Adjustment Issued?
Yes
No
Probation Office to complete Copy #2 and forward to ISP/BOI
No
Forward Copy #2 to ISP/BOI Disregard Copy #3
Circuit Clerk to Forward Copy #3 to ISP/BOI
Released w/out Charging?
Yes
Forward Copy #2 to ISP/BOI Disregard Copy #3
End
End
No
Move to "B"
Note: Until Further notice, live scan sites should only report arrest dispositions manually as described above.

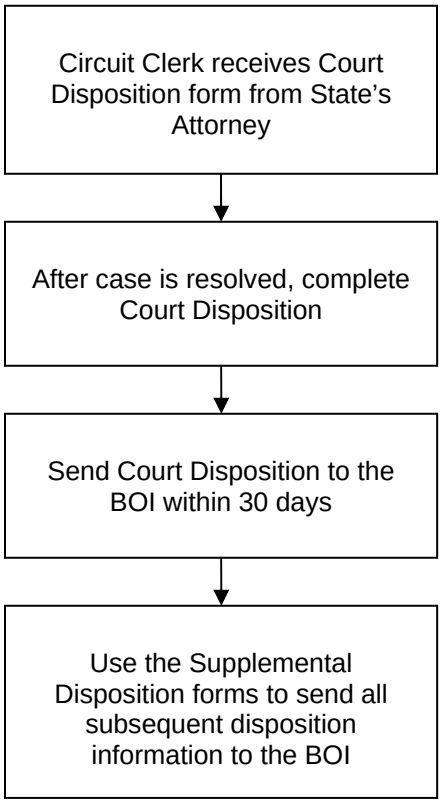
STATE'S ATTORNEY FILING DECISION FORM

After the arresting agency completes the Arrest Card, the state's attorney fills out the State's Attorney Filing Decision form.


State's Attorney receives State's Attorney Filing Decision form & Court Disposition form from Arresting Agency.
Will you prosecute the offender?
Yes
No
Complete State's Attorney Filing Decision form
Send State's Attorney Filing Decision form to the BOI within 30 days
Send Court Disposition (copy 3) to the Circuit Clerk
Complete State's Attorney Filing Decision form
Send State's Attorney Filing Decision form to the BOI within 30 days
Destroy Court Disposition

COURT DISPOSITION

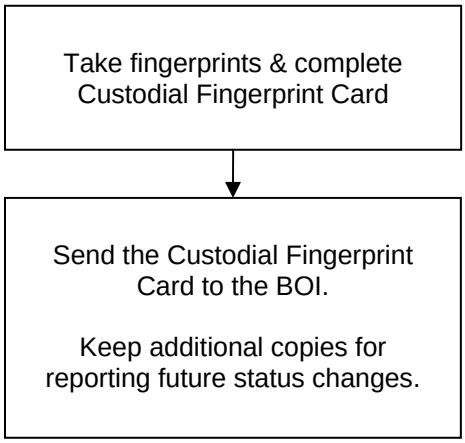
After the state's attorney fills out the State's Attorney Filing Decision form, the Circuit Clerk fills out the Court Disposition.


Circuit Clerk receives Court Disposition form from State's Attorney
After case is resolved, complete Court Disposition
Send Court Disposition to the BOI within 30 days
Use the Supplemental Disposition forms to send all subsequent disposition information to the BOI

*There is no way to associate the state's attorney filing decision or court disposition with a person's criminal history record information unless the **Document Control Number** (DCN) matches the Arrest card DCN.*

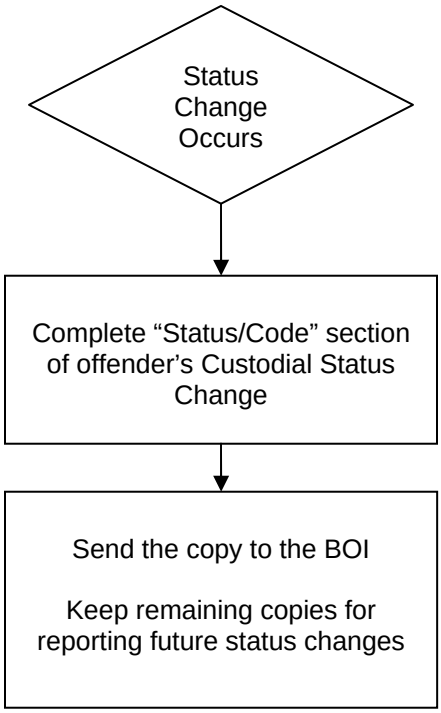
CUSTODIAL FINGERPRINT CARD

Each time a subject is sentenced to a correctional facility for a criterion offense, the custodial agency fills out a Custodial Fingerprint Card.


Take fingerprints & complete Custodial Fingerprint Card
Send the Custodial Fingerprint Card to the BOI.
Keep additional copies for reporting future status changes.

CUSTODIAL STATUS CHANGE

Each time the status of an incarcerated subject changes (escape, execution, death, release, pardon, parole, commutation of sentence, granting of executive clemency, or discharge), the custodial agency completes a Status Change.


Status Change Occurs
Complete “Status/Code” section of offender’s Custodial Status Change
Send the copy to the BOI
Keep remaining copies for reporting future status changes

You no longer need to report transfers to the BOI when a subject is transferred from one custodial facility to another custodial facility; however, when transferring a subject, please send all unused Status Changes forms to the new custodial agency.

Chapter 4 Rules and Regulations of CHRI

State and federal statutes and regulations determine how criminal history record information (CHRI) is collected, stored, and disseminated. All criminal and non-criminal justice agencies must comply with state and federal regulations concerning CHRI.

This chapter provides important information and instructions for obtaining criminal history record information. A copy of each law is provided in the appendices of this manual.

SUMMARY LIST OF STATUTES

This section contains a summary list of some of the applicable Illinois Compiled Statutes. All compiled statutes and administrative code information can be reviewed at www.ilga.gov.

20 ILCS 2630/2.1 Reporting Requirements
This legislation establishes the reporting requirements for Criminal History Record Information (CHRI).

20 ILCS 2630/5 Expungements and Reporting Requirements
The purpose of this legislation is to define which charges are reportable for both adults and juveniles. It also establishes expungement and sealing procedures.

20 ILCS 2630/7 Restriction of CHRI Usage
This legislation restricts the use of CHRI to the due administration of criminal law, unless otherwise provided in Illinois law.

20 ILCS 2635/1 Uniform Conviction Information Act (UCIA)
This legislation established the Uniform Conviction Information Act (UCIA). It sets the response time and allows the Illinois State Police to charge a processing fee.

20 ILCS 2635/21 Audits
This legislation mandates that the Illinois State Police conduct audits of the criminal history record keeping and reporting policies, practices, and procedures of the local repositories.

20 Illinois Administrative Code 1210 Right of Access and Review
This code establishes an individual's right to access and review CHRI maintained by the Illinois State Police. In addition, this code establishes procedures to appeal any and all discrepancies in information contained on an individual's CHRI rap sheet.

20 Illinois Administrative Code 1280 Sex Offender Registration Act
This code establishes the procedures for sex offender registration.

28 C.F.R. 20.1
These are the federal guidelines from the Code of Federal Regulations (C.F.R.) to assure that CHRI is collected, stored, and disseminated in a manner that ensures the completeness, integrity, accuracy, and security of such information and to protect individual privacy.
http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title28/28cfr20_main_02.tpl

SECURITY AND PRIVACY OF CHRI

In order to receive CHRI, the agency head must first sign a *Law Enforcement Agency Data System (LEADS) User Agreement with Criminal History Record Information (CHRI) Addendum*. This agreement sets up procedures for submitting and receiving CHRI.

A new LEADS User Agreement with CHRI must be submitted every time an agency head changes. Copies can be obtained from the LEADS 2000 homepage at http://leadsinfo.isp.state.il.us/info/info.htm*.*

Several types of user's agreements exist: those that are for criminal justice purposes (*LEADS User Agreement with Criminal History Record Information addendum*), and those that are for non-criminal justice purposes. Non-criminal justice user agreements are:

- Uniform Conviction Information Act (UCIA) Agreement – used by the general public
- Adam Walsh Act Agreement – used by private/public schools; governmental social service agencies; child welfare agency
- National Child Protection Act/Volunteers for Children Act Agreement – used by entities providing public and private care of children, elderly, and disabled
- Live scan Vendor Agreement – used for commercial live scan fingerprinting services
- Interagency Agreement – used by state and local government agencies

Security
Agencies are responsible for the development and implementation of policies and procedures to accomplish the following:

- Protect CHRI from unauthorized access, disclosure, and dissemination.
- Store such information in a manner to provide reasonable protection from theft, sabotage, and natural disasters.
- Detect attempts to penetrate or sabotage any file, system, or program which contains CHRI.

- Acquaint each employee who works with or has access to CHRI with the substance and intent of rules and regulations governing criminal justice information systems. Agencies that require employees to read existing policies and procedures covering the collection, maintenance, and dissemination of CHRI and to certify their understanding would be considered in compliance.

- Initiate administrative sanctions against personnel who wilfully and knowingly violate the provisions of the *Federal Rules and Regulations* or other security requirements (for example, your department's policy) established for the protection of CHRI.

- Develope administrative controls for the screening of prospective employees.

The extent of the physical requirements necessary for full implementation of these and other security measures depends on a number of factors, such as the size of the agency, the local fire protection codes, whether or not the facility is shared with non-criminal justice employees, etc. Smaller agencies could probably house their CHRI in a single, locked cabinet and achieve compliance by limiting access to the key or combination to specific personnel. Larger agencies who have developed specialized recordkeeping functions would have to implement more extensive measures, including limiting access to the premises where CHRI is stored to certain authorized persons and procuring various containers which will protect the CHRI from tampering, theft, and natural disasters.

Audits

The *Illinois Compiled Statutes* requires that ISP conduct periodic audits and, by signing the *LEADS User Agreement with CHRI Addendum*, your agency agrees to this condition. The purpose of these audits is to improve an existing system, not to publicize an agency's area of non-compliance. Audits check for the following compliance issues:

- Accuracy
- Completeness
- Timely reporting
- Secure and correct dissemination of CHRI
- All other provisions of the *LEADS User Agreement with CHRI Addendum*

ISP will notify agencies that are selected for auditing at least two weeks prior to the audit. ISP will provide personnel for conducting the audit; however, a ranking agency official from the selected agency who has knowledge of the recordkeeping system should be available to provide assistance.

Audit findings are considered public information.

Dissemination Restrictions
The following dissemination restrictions apply:

- ***Confirmation of Record Existence***
  Regulations prohibit any agency from acknowledging either the existence or non-existence of a criminal record to any person, group, or organization that is not authorized to receive that information. In other words, you cannot tell a prospective employer who is unauthorized to access CHRI if a criminal record does or does not exist for the prospective employee.

- ***Dissemination to Non-criminal Justice Agencies***
  Regulations prohibit disseminating CHRI to non-criminal justice agencies. For example, a LEADS inquiry could not be conducted to perform a criminal history check on a prospective employee for a local business.

Secondary Dissemination of CHRI
Further dissemination of CHRI information may only be given to authorized agencies who have signed a *LEADS User Agreement with CHRI Addendum*. Updated inquiries can be obtained via LEADS. CHRI information that is over one year old should not be disseminated. Since CHRI records are constantly being updated with new information (arrests, filings, dispositions, etc.), a new inquiry should be made whenever a subject's CHRI record is needed.

Agencies can determine the form and manner in which it disseminates CHRI, but an *Extra Dissemination Log Sheet* must be completed for information passed on to anyone outside your agency. This log sheet must include, at the very least:

- Identity of the requestor
- Authority of the requestor
- Purpose of the request
- Identity of the record subject
- Date of dissemination

If the requesting agency's ORI number is used to request CHRI on LEADS, you do not have to complete the Extra Dissemination Log Sheet.

Chapter 5 General Ways to Obtain CHRI

This chapter explains the various ways individuals and criminal justice agencies can access CHRI. In addition, a description of the types of responses generated by the BOI is included.

RESPONSE

Normally, a response is submitted to the arresting agency when the arrest is posted to a subject's record. An agency may request that they not receive these responses. If an agency does receive CHRI responses, they must ensure that these documents are handled properly (refer to the *Chapter 4, Rules and Regulations of CHRI* for more details). An agency may still obtain a criminal history record by using the LEADS system (see the *LEADS eManual* at http://leadsinfo.isp.state.il.us/info/info.htm for specific information regarding LEADS requests).

Mailed responses always include a cover sheet and may also include the following pieces of information:

- Criminal transactions (which consists of subject identifiers, criminal history events, and a dissemination warning)
- Fatal Error/Non Fatal Error Report
- Notice Pages

Effective May 1, 2003, the BOI ceased printing and mailing responses for any fingerprint submissions (with the exception of Criminal Justice Applicant responses) to agencies with LEADS access.

Cover Sheet

The cover sheet contains three sections:

- ***Addressee***

  This section identifies the agency or person who requested the criminal history record information. The BOI maintains names and addresses of all criminal justice agencies in the database. To keep this information accurate and up to date, please notify the BOI of all official name changes, address changes, and new telephone numbers.

- ***Response Description***

  This section explains why an agency or person is receiving this information. For example, submitting an Arrest fingerprint card initiates a response order that is mailed to both the arresting agency and the State's Attorney prosecuting the case. An Applicant fingerprint card or a Non-Fingerprint Inquiry form also generates a response order.

- ***Submission Identifiers***
  This section states the specific identifiers reported by the submitting agency. Depending on the submission types, these identifiers may include the following information:

  - Reporting Agency's Case Number
  - Subject's Name
  - Subject's Sex
  - Subject's Race
  - Subject's Date of Birth

Criminal Transactions

The criminal transactions consist of the *Identifier Sheet*, the *Rap Sheet*, and a dissemination warning.

- ***Identifier Sheet***
  The identifier sheet contains all identifiers on file for an offender, including all names and dates of birth used on submissions retained by the BOI. Some physical descriptions, such as skin, hair, height, and weight are updated based on the most recent data reported. Other physical descriptions, such as race, sex, place of birth, scars, marks, and tattoos are updated only if the information is different from what is already on file.

- ***Rap Sheet***
  The *rap sheet* consists of four sections. The rap sheet contains arrest, state's attorney filing decision, court disposition, and custodial event history. These events are reported chronologically and related events are reported within a pair of horizontal lines.

  - Agency Information – This section usually includes the name of the arresting agency, the document control number, agency case number, and court case number.

  - Subject Information – This section contains the names and dates of birth used by the offender at the time of each criminal history event.

  - Date Information – This section contains the date of the transaction, such as the date of arrest, date of disposition, date received, and date of status changes.

  - Charge Information – This section contains specific information supplied by the reporting agency, such as offenses committed, filing decisions, court dispositions, and sentence information.

*If Reasons for Caution statements have been reported to the BOI, they will be listed under the heading **Basis for Caution** in the identifiers section of the rap sheet.*

Error Correction Sheet
The error correction sheet will show the reported value and also the value that was posted to the Criminal History Record Information (CHRI) system. These errors should be corrected, if possible, and returned to the BOI. Remember to use valid NCIC codes (see *Appendix B: Code Tables* for details). The error correction sheet identifies the following information:

- Those fields reported which contain code values other than valid codes.
- Statute citations not found in the Illinois Compiled Statutes or Illinois Revised Statutes.
- Disposition, bond, and sentence code values other than those specified by the Administrative Office of Illinois Courts.

Fatal Errors
A *Fatal Error* response is generated only for errors which prevent the Illinois State Police from processing your submission. For example, Applicant fingerprint cards received without a valid purpose code listed will generate a fatal error sheet.

Submissions will be returned to the submitting agency with a fatal error report. If possible, correct the submissions and return them to the Illinois State Police as soon as possible. Live scan agencies receive this information via daily faxes.

If a submission is returned, the event did not post to the individual's criminal history. It is important that every attempt is made to return the corrected submission to the BOI.

Notice Pages
The BOI uses *Notice Pages* in a response as a way to inform agencies of changes in law, modifications of procedures, or other miscellaneous information.

SAMPLE RAPSHEET

The following is the criminal transaction portion (rap sheet) of a response.

ILLINOIS STATE POLICE
Bureau of Identification
260 North Chicago Street

Joliet, IL 60432-4075

Criminal History Of: KRIMINAL, IMA
(Last Known Name)

State Identification Number : IL 99887760

Conviction Status : FELONY CONVICTIONS
Custodial Status: RECEIVED

Custodial Status Date: 02/13/2001

Alias Name(s)	Date of Birth
DOE, JANE	01/01/1961
	06/14/1960

SUBJECT IDENTIFICATION DATA

Sex: FEMALE

Race: WHITE

Height: 511 **Date Reported:** 01/12/2001 **FBI#:** 23456AB7

Weight: 150 **Date Reported:** 01/12/2001 **Chicago IR#:** IR998877

Eyes: BLUE

Hair: BLACK

Skin: MEDIUM

Scars/Marks/Tattoos	Place of Birth	Drivers License Number	DL State
TAT L LEG	ILLINOIS	K12381761899	IL

Social Security Number	Miscellaneous Number	Palm Prints Available
348668820	OA-ID123456	SANGAMON COUNTY SHERIFF'S OFFICE

Photo Available	IDOC#	FOID#	INS#
DOC CORRECTIONAL CENTER STATEVILLE	B12345	K9898	

Occupation	Date Reported
DOOR GREETER	07/12/1999

Employer	Date Reported
ACME Department Store	07/12/1999

CRIMINAL HISTORY DATA

Arrest

DCN: P12345678 **Date of Arrest:** 01/12/2001

Name: DOE, JANE **Date of Birth:** 01/01/1961

Residence: 742 EVERGREEN TERRACE
SPRINGFIELD, ILLINOIS

Arresting Agency: SANGAMON COUNTY SHERIFF'S OFFICE **NCIC:** IL0840000

Agency Case Number: 123456789 **Officer Badge Number:** 007 **Photo Available:** NO

Arrest Charges

Count	Statute Citation	Literal Description	CSAOD	Class
1	720 ILCS 5.0/9-1	MURDER	O	M

Arrest Type: ON-VIEW ARREST **Date of Offense:** 12/01/2000

States Attorney Section

Filing Decision: FILED **Decision Date:** 01/12/2001

Count	Statute Citation	Literal Description	CSAOD	Class
1	720 ILCS 5.0/9-1	MURDER	O	M

Agency Name: SANGAMON COUNTY STATE'S ATTORNEY **NCIC:** IL084013A

Court Charges/Disposition

Count	Statute Citation	Literal Description	CSAOD	Class
1	720 ILCS 5.0/9-1-A-2	MURDER	O	M

Disposition: GUILTY **Disposition Date:** 02/12/2001

Case No: 01CF42

Agency Name: SANGAMON COUNTY CIRCUIT COURT **NCIC:** IL084025J

Status	Sentence	Fine Amount	Date
SENTENCED TO	10 YEARS IMPRISONMENT-DOC		02/12/2001

Custodial

DCN: L39604454 **Date Received:** 02/13/2001

Name: KRIMINAL, IMA **Date of Birth:** 06/14/1960

Residence: 742 EVERGREEN TERRACE

SPRINGFIELD, ILLINOIS

Subject Institution Number: B12345 **Photo Available:** YES

Confining Agency: DOC CORRECTIONAL CENTER STATEVILLE **NCIC:** IL099035C

Agency Received From: SANGAMON COUNTY SHERIFF'S OFFICE **NCIC:** IL0840000

Count	Statute Citation	Literal Description	CSAOD	Class
1	720 ILCS 5.0/9-1-A-2	MURDER	O	M

Case Number: 01CF42 **Disposition:** GUILTY

Status	Sentence	Fine Amount	Date
SENTENCED TO	10 YEARS IMPRISONMENT-DOC		02/12/2001

Custodial Status	Status Date	Agency Name
RECEIVED	02/12/2001	DOC CORRECTIONAL CENTER STATEVILLE

Circuit clerks are required to report convictions and forfeitures of bail for Illinois vehicle code violations to the Secretary of State as prescribed in chapter 95.5 section 6-204. This Information may be obtained from SOS offices

======END OF RAPSHEET======

STATE USE ONLY

WARNING: Release of this information to unauthorized individuals or agencies or misuse is prohibited by Federal Law
Title 42 USC 3787g pertaining to criminal history information.

FAXING A REQUEST

If an immediate fingerprint check is required, the facsimile (fax) network may be used. The BOI must approve the machine used to submit fingerprints. Contact the Fingerprint Unit at the BOI to become authorized to submit fax prints.

*The facsimile submission is **only** an inquiry. Remember, the Arrest fingerprint card must be submitted in order for that arrest to appear on the rap sheet.*

The fax process may be used:

- When the identity of the subject is unknown. Such inquires must include the charge as well as the appropriate notation regarding the status of the subject's identity; such as *Unknown*, *Multiple pieces of identification*, or *No identification*.

- To obtain record check information for subjects arrested for felony offenses. These offenses must be listed on the fax request.

If your agency has live scan capabilities, you must utilize the Fingerprint Inquiry process for immediate fingerprint checks. Faxes received for prints submitted via live scan will not be processed.

Effective November 15, 2003, the BOI ceased printing and faxing rap sheets in response to faxed fingerprint inquiries. Agencies will receive a faxed message providing the subject's State Identification (SID) Number and instructing the agency to run a CQR1 rap sheet.

USING LEADS TO OBTAIN CHRI

When possible, all criminal justice agencies should use LEADS to obtain criminal history record information. Use the CQH format to obtain CHRI summary information. More extensive information on a subject (i.e. a full rap sheet), can be obtained using the CQR1 format. For detailed information about CQR1, and for instructions for each field on the CQH and CQR1 request screens, please refer to the *LEADS eManual* located at http://leadsinfo.isp.state.il.us/info/info.htm.

Incomplete Messages

If a record is incomplete, a message instructing you to send a CQIL to CKT will be received (refer to your *LEADS eManual* for exact instructions on running this format). A record is flagged incomplete when much of its CHRI information has not yet been entered into the computer system. Once the record is complete, a response message informing the requester that the record is now complete will be sent with instruction to rerun the request. If the complete message is not received within 24 hours, call the BOI Customer Support Unit at (815) 740-5160 and ask for the Data Entry Unit supervisor.

Chapter 6 Additional Information

This chapter describes several issues concerning the reporting and dissemination of the Criminal History Record Information (CHRI). This information can be used by agencies to assist in planning for its needs. This chapter explains alternative ways to request and receive information. Additionally, this chapter explains the relationship between the Federal Bureau of Investigation (FBI) and the Illinois State Police.

ISP is committed to using technology to increase efficiency and decrease the cost of processing records while improving response time. Many of the procedures discussed in this chapter will help your agency take advantage of new technologies.

LATENT INFORMATION

The ISP processes latent prints through the Automated Fingerprint Identification System (AFIS). All such requests must be submitted through one of the seven ISP Crime Laboratories. It is not, however, the intention of this manual to describe the rules and procedures for the submission of latent prints. If you have questions about how to submit latent prints, contact the ISP laboratory nearest your agency. Addresses and telephone numbers are listed in *Appendix C: Phone Listing.*

ELECTRONIC DISPOSITION REPORTING

Many dispositions that the BOI receives are submitted in an electronic format. The Illinois State Police, the Illinois Criminal Justice Information Authority, and the Administrative Office of Illinois Courts (AOIC) are currently developing alternative means to report dispositions data. They are:

- ***Online Real Time Reporting of Dispositions***
  This system allows circuit court clerks to submit dispositions to ISP as soon as they are entered into their local systems. Error messages are transmitted back to the reporting agency so that corrections can be made while the file is still available to the court personnel.

- ***Online Batch Reporting of Dispositions***
  This system allows circuit court clerks to submit dispositions electronically to ISP on a daily or weekly basis.

- ***Magnetic Media Reporting of Dispositions***
  Dispositions can be reported to ISP or the AOIC via magnetic media. Circuit court clerks may obtain specifications from AOIC.

DIRECT FILING RULES

State's attorney's offices may allow local agencies to direct file criminal charges with the circuit court clerk. The state's attorney must submit a letter describing the circumstances where local agencies may direct file criminal charges. State's attorneys do not need to submit paper copies of filing decisions for charges that have been determined to be direct filed, however paper submissions are required for other filing decisions. These filing decisions will automatically appear on the subject's criminal history record.

FBI SUBMISSIONS

All submissions to the FBI are voluntary. The ISP will automatically forward fingerprint submissions electronically to the FBI. It is no longer necessary to forward a separate FBI fingerprint card when submitting to ISP. Because of this, ISP receives all responses from the FBI, and then disseminates them to the proper agencies.

ISP is the sole source contributor for fingerprint cards. What this means is that the FBI only accepts FBI fingerprint cards from law enforcement agencies that have first been processed by the BOI. The BOI is not, however, the sole source contributor for court dispositions. Circuit court clerks may submit dispositions on the proper form directly to the FBI. This manual does not include instructions on the completion of FBI forms. To obtain such instructions, please contact the FBI at (202) 324-2230 and request the *Guidelines for Preparations of Criminal Justice Information Services Division Fingerprint Cards*.

INTERSTATE IDENTIFICATION INDEX

The Interstate Identification Index (III) is a system that allows for the decentralized, interstate exchange of criminal history information. III includes the personal identifiers of persons with criminal arrests, as well as pointers to the state maintaining these records. Please refer to the *LEADS eManual* at http://leadsinfo.isp.state.il.us/info/info.htm to obtain more detailed information regarding the use of the III system.

Chapter 7 Warrant Arrests

This chapter provides general guidelines for reporting warrant arrests. If you have specific questions, call the BOI Customer Support Unit at (815) 740-5160 or via email at boi_customer_support@isp.state.il.us.

CRITERION CHARGES

It is important that an agency puts the charge for which the warrant was issued in the *Statute Citation/AOIC Code* field on the Arrest Fingerprint Card. "Notice to Appear," "Failure to Appear," and "Issuance of Warrant" are *not* reportable offenses. "Violation of Bail Bond" (720 ILCS 5/32-10) and "Violation of Parole/Probation" (730 ILCS 5/5-6-4) *can be* criterion charges. "Contempt of Court" can be a reportable offense if the individual is separately charged with a class B misdemeanor or higher contempt charge.

Document the type of arrest using the *Arrest Type* field in the statute citation section of the Arrest Fingerprint Card. The appropriate codes for this section are:

Code	Description
V	On View Arrests
S	Summoned/Cited (Not taken into custody)
A	Original Arrest Warrant
B	Bond Forfeiture Warrant
P	Probation Violation Warrant
M	Parole Violation/Mandatory Release Violation Warrant
O	Out of State Warrant

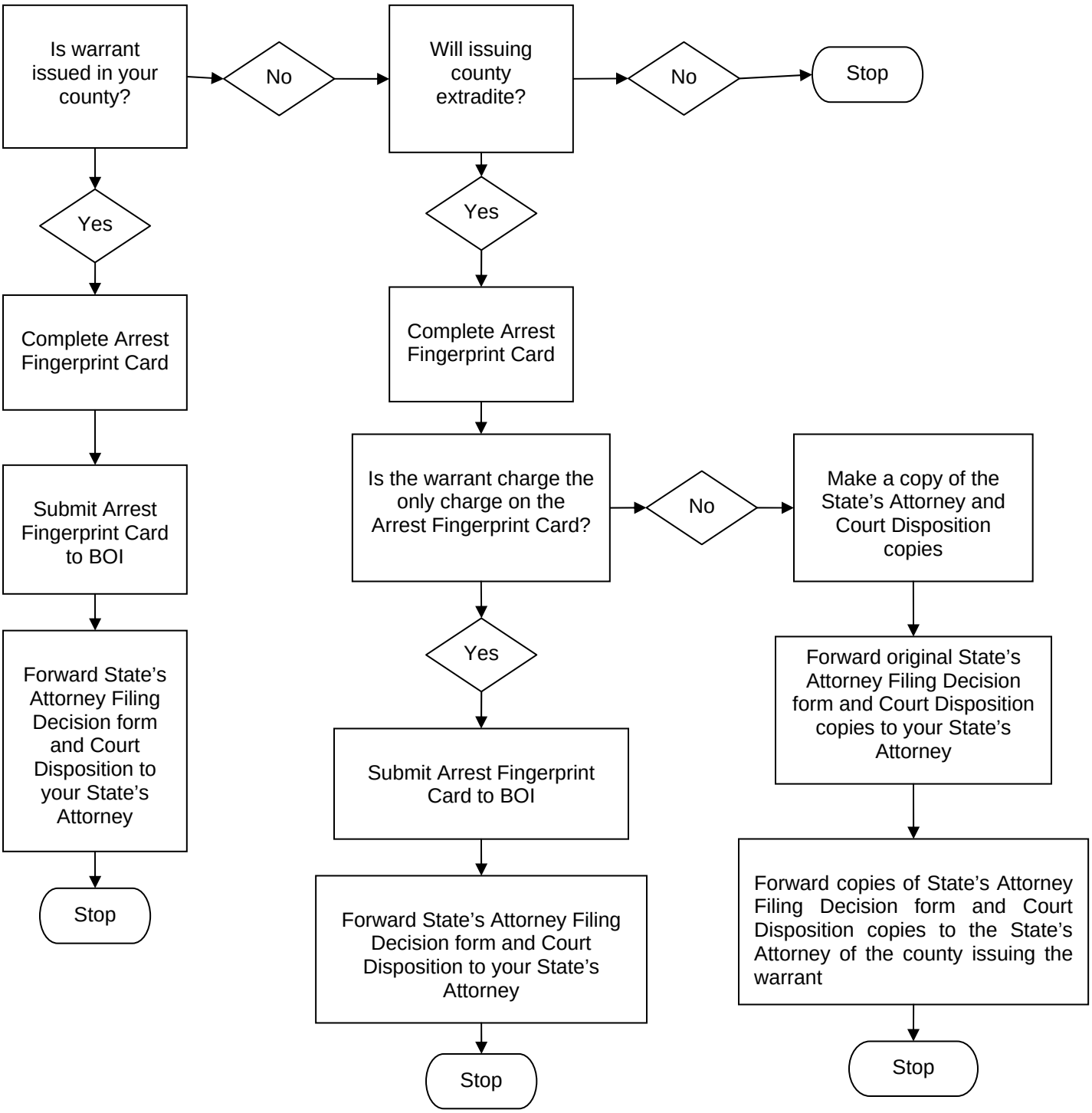
List the charge for which the subject is being arrested. If the subject has never been fingerprinted for the warrant offense, it is considered an original arrest.

OUT OF STATE WARRANTS

Agencies should not report out of state warrants to the BOI. If fingerprints are taken for agency use only using the state arrest card, destroy the state's attorney's filing decision form and the circuit court clerk's disposition.

WARRANT FOR ORIGINAL ARREST

The example below explains how to process a warrant for an original arrest.


Is warrant issued in your county?
No
Will issuing county extradite?
No
Stop
Yes
Complete Arrest Fingerprint Card
Submit Arrest Fingerprint Card to BOI
Forward State's Attorney Filing Decision form and Court Disposition to your State's Attorney
Stop
Yes
Complete Arrest Fingerprint Card
Is the warrant charge the only charge on the Arrest Fingerprint Card?
No
Make a copy of the State's Attorney and Court Disposition copies
Forward original State's Attorney Filing Decision form and Court Disposition copies to your State's Attorney
Forward copies of State's Attorney Filing Decision form and Court Disposition copies to the State's Attorney of the county issuing the warrant
Stop
Yes
Submit Arrest Fingerprint Card to BOI
Forward State's Attorney Filing Decision form and Court Disposition to your State's Attorney
Stop

Chapter 8 Juvenile Arrest Card

Form # ISP 6-657

The Juvenile Arrest fingerprint card should be used to report and obtain arrest information concerning juvenile offenders. When an agency arrests or takes a subject into custody, the agency is considered the "arresting agency." The arresting agency is responsible for completing the Juvenile Arrest fingerprint card or making sure that a central booking agency has completed the card. The Juvenile Arrest fingerprint card is a four part form consisting of the following:

- Copy #1 Arresting Agency (two-sided)
- Copy #2 State's Attorney
- Copy #3 Circuit Court Clerk
- Copy #4 Bureau of Identification (two-sided)

Effective January 1, 2000, 20 ILCS 2630/5 was amended. The following statutes must be reported to the Illinois State Police, Bureau of Identification for juvenile offenders:

- All minors of the age of 10 and over who have been arrested for an offense which would be a felony if committed by an adult
- 625 ILCS 5.0/4 (series)
- 625 ILCS 5.0/11-204.1
- 625 ILCS 5.0/11-501

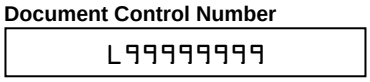
Effective January 1, 2010, the Juvenile Court Act 705 ILCS 405/5-105 was amended to define "Delinquent minor" as any minor who, prior to his or her 17th birthday, has violated or attempted to violate, regardless of where the act occurred, any federal or State law, county, municipal ordinance, and any minor or prior to his or her 18th birthday has violated or attempted to violate, regardless of where the act occurred, any federal, State, county, municipal law or ordinance classified as a misdemeanor offense.

Effective January 1, 2010, the Criminal Identification Act 20 ILCS 2630/5, Counties Code Act, Juvenile Court Act 705 ILCS 405/5-622, and the Code of Corrections was amended. The modification to the Criminal Identification Act states that law enforcement records for minors prior to their 17th birthday, or minors arrested for non-felony offenses prior to the 18th birthday, shall not be forwarded to the FBI, unless charged as an adult. The modification to the Juvenile Court Act establishes new expungement review procedures.

Remember, when completing this form press hard as you are pressing through four copies. ***Please type or print clearly using ink (Do not use pencil).*** *Please note that data must be entered on the back side of Copy 1 and Copy 4 for the entry of the Arrest card to be complete.* ***Submit clear and legible fingerprints.***

STEP BY STEP JUVENILE ARREST FINGERPRINT CARD INSTRUCTIONS

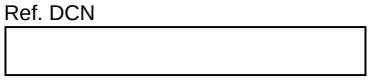
The instructions listed below follow the field format of the Juvenile Arrest fingerprint card. Failure to complete all required fields which are marked in ***bold*** on the Juvenile Arrest fingerprint card and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed. Places where a distinction between paper forms and live scan submissions must be made are noted in bold.



Document Control Number (DCN) - *MANDATORY*

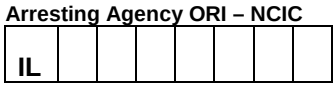
Paper form: The DCN is a preprinted number located at the top left-hand corner of the form. Each form has a unique DCN number and therefore all inquiries must be submitted on an *original* form.

Live scan: A range of numbers is provided to the agency and should auto-populate on the live scan submission. DCN ranges **must not** be recycled. To request a new range of DCN numbers, submit an email request to livescan@isp.state.il.us. Include the agency ORI, the device identifier of the live scan machine (typically beginning with the prefix "LS"), and the number of DCN numbers needed.



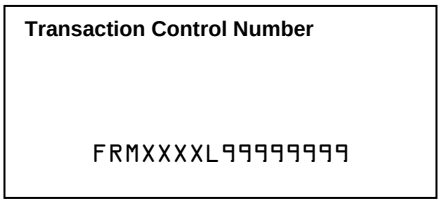
Ref. DCN

Paper form only: When the number of offenses for one DCN exceeds three charges, take *Copy 1* from another four part packet to report additional charges. For each additional *Copy 1* used, the second and subsequent *Copy 1* should have the DCN on the second and subsequent forms crossed out and the original DCN from the first *Copy 1* should be placed in the Ref. DCN field. (*Remember to complete the page numbers at the bottom of the form.)*



Arresting Agency ORI-NCIC - *MANDATORY*

The ORI – NCIC number is seven characters in length and must be preceded by the letters IL. Example: IL0160000 (the IL is preprinted on the form). The ORI should be that of the arresting agency, not the submitting agency, as this may be different.



Transaction Control Number (TCN) - *MANDATORY*

Paper form: The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code format. This bar code will be used to scan the fingerprint cards into the Automatic Fingerprint Identification System (AFIS).

Live scan: Live scan machines will assign this number automatically, using the device identifier assigned to the machine (typically beginning with "LS") and the DCN.

Subjects Last Name

Subjects Last Name - *MANDATORY*

The subject's last name should be entered into this field. Hyphenated names should include the dash between names. If there is a space in the last name, enter it as one name. For example, O'Brian would be OBrian or Van Dyke would be VanDyke. Do not enter special characters such as apostrophes. If the subject has only one name, it must go in the Last Name field.

First Name

First Name

The subject's first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter special characters such as apostrophes.

Middle Name/Suffix

Middle Name/Suffix

Enter the subject's middle name and/or suffix in this field; suffix meaning II, III, JR. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the middle name field.

Date of Birth

Date of Birth (DOB) - *MANDATORY*

Enter an eight digit date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.

Place of Birth

Place of Birth (POB) - *MANDATORY*

The place of birth must be a valid two alpha character NCIC standard code (see *Appendix B: Code Tables*). If the place of birth is unknown, place the alpha characters "YY" in this field.

Sex

Sex - *MANDATORY*

Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Race

Race - *MANDATORY*

Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Height

Height - *MANDATORY*

Enter a three digit height. If the height is 6'2", enter it as 602. Enter 000 if height is unknown. Omit fractions in this field. The

first character, expressing feet, must be 4, 5, 6, or 7, and the second and third characters, expressing inches, must be between 00 and 11.

Weight

Weight - *MANDATORY*
Enter a three digit weight. If the weight is 92 pounds, enter it as 092. Omit fractions in this field. Enter 000 if the weight is unknown. The weight must be between 50 and 499.

Hair

Hair - *MANDATORY*
Enter a valid hair code (see *Appendix B: Code Tables*).

Eye

Eye - *MANDATORY*
Enter a valid eye code (see *Appendix B: Code Tables*).

Social Security Number

Social Security Number (SSN)
Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.

Drivers License Number

Drivers License Number (DLN)
Enter the subject's driver's license number if known.

DL State

Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.

Basis For Caution:

Basis for Caution
Enter a basis for caution if appropriate. A listing of appropriate caution items is located in *Appendix B: Code Tables*. Do not enter homosexual or any reference to AIDS/HIV as a basis for caution. 4010 ILCS 325/8 requires that all information and records held by ISP and its authorized representatives relating to known or suspected cases of sexually transmissible diseases shall be strictly confidential and exempt for inspections and copying under *The Freedom of Information Act*. Therefore, any information relating to a subject who is known or suspected of being infected with AIDS/HIV should be reported in this field as "**Medical Alert."** If there is no entry for this field, leave blank.

Alias Last Name

Alias Last Name
Last Name rules apply to this field.

First Name

Alias First Name
First Name rules apply to this field.

Middle Name/Suffix

Alias Middle Name
Middle Name rules apply to this field.

Alias Date of Birth

Alias Date of Birth
Date of Birth rules apply to this field.

Occupation

Occupation
Enter the subject's current occupation.

Employer

Employer
Enter the subject's current employer. ***If an employer's address is entered, the Employer field is mandatory.***

Employer Address

Employer Address
Enter the address of the subject's current employer. ***If an employer's name is entered, the Employer Address field is mandatory.***

Employer Phone

Employer Phone
Enter the phone number of the subject's current employer.

Residence of Person Fingerprinted

Residence of Person Fingerprinted
Enter the current address of the subject.

Agency Case Number (unique)

Agency Case Number (unique) - *MANDATORY*
Enter a unique agency case number. If the agency case number is unknown, enter "X" in this field.

Juvenile Case Number

Juvenile Case Number
Enter the subject's juvenile case number in this field. (This may be the same as agency case number).

School Name

School Name
Enter the name of the school where the subject is currently enrolled.

Date of Arrest

Date of Arrest - *MANDATORY*
Enter an eight digit date of arrest. The format should be MMDDCCYY.

Time of Arrest (HRS)

Time of Arrest (HRS)
Enter the time of arrest using military time format. For example, 4:00 p.m. would be entered as 1600 hours.

Juvenile Officer Badge #

Juvenile Officer Badge Number

Enter the badge number of the Juvenile Officer who is assigned to this case.

Co. of Prosecution

County of Prosecution

Enter a three digit numeric identifier in this field. The valid values in this field must be 001 through 102 as listed on the county code sheet (see *Appendix B: Code Tables*).

Arrest Disposition (choose one)

Informal Station Adjustment ( ) Formal Station Adjustment ( ) Released Without Charging ( ) Petition/Referral to Court/Probation ( )

Arrest Disposition

- ***Informal Station Adjustment:*** If the subject was given an informal station adjustment, place an "X" in this field.
- ***Formal Station Adjustment:*** If the subject was given a formal station adjustment, place an "X" in this field.
- ***Released Without Charging:*** If the subject was released without charging and there were no adjustments made, place an "X" in this field.
- ***Petition/Referral to Court:*** If the subject was referred to court, place an "X" in this field.

Scars, Marks, Tattoos

Scars, Marks, Tattoos (SMT)

Enter any scars, marks, or tattoos on the subject. The standard NCIC code table (see *Appendix B: Code Tables*) should be used to report this information. Do not enter "NONE" or "DNA" in this field.

Date Fingerprinted

/ /

Date Fingerprinted - *MANDATORY*

Enter the eight digit date fingerprinted. The format should be MMDDCCYY. If the date fingerprinted is missing or invalid, place the date of arrest in this field using the same format.

Count	**Statute Citation/AOIC Code**
001	
001	

Statute Citation/AOIC Code - *MANDATORY*

Enter the appropriate statute citation for which the subject was arrested. If the statute citation provided is an ILCS statute, it must be submitted in the proper format. Example: 720 ILCS 5.0/16-1-A. **Do not send both a statute citation code and AOIC code. This will cause the submission to result in an error status.**

CSAOD

CSAOD (Inchoate Offense) - *MANDATORY*

Only enter in one of the following codes: "C" for conspiracy, "S" for solicitation, "A" for attempt, "O" for offense cited or unknown, or "D" for drug conspiracy.

Class

Charge Penalty Class - *MANDATORY*

Enter the valid penalty class code (see *Appendix B: Code Tables*).

Offense Description

Offense Description

Enter the literal description of the offense in this field. Abbreviations may be used in this field.

County Issuing Warrant

County Issuing Warrant

Enter a three digit numeric identifier in this field. The valid values in this field must be 001 through 102 as listed on the county code sheet (see *Appendix B: Code Tables*).

Warrant/Court Case Number

Warrant/Court Case Number

Enter the subject's warrant/court case number in this field.

State Use Only

State Use Only

Please leave this field blank.

Date of Offense

/ /

Date of Offense (DOO)

Enter an eight digit date of offense, if known. The format should be MMDDCCYY. If unknown, leave blank.

Domestic Violence (Please check) **Yes** **No**

Domestic Violence - *MANDATORY*

If the offense cited was related to domestic violence, check the "Yes" box. If the offense cited was not related to domestic violence, check the "No" box.

Arrest Type (See Back)

Arrest Type

Arrest type codes can be found on the back of copies 1 and 4. Enter one of the following codes: "V" – On View Arrest, "S" – Summoned/Cited (Not taken into custody), "A" – Original Arrest Warrant, "B" – Bond Forfeiture Warrant, "P" – Probation Violation Warrant, "M" – Probation/Mandatory Supervised Release Violation Warrant, or "O" – out of state warrant.

Arrest Type Description	Code
On View Arrest	V
Summoned/Cited (Not Taken into Custody)	S
Original Arrest Warrant	A
Bond Forfeiture Warrant	B
Probation Violation Warrant	P
Parole Violation/Mandatory Release Violation Warrant	M
Out of State Warrant	O

Photo Available Yes

Photo Available

This field should be checked if a photo is available at the submitting agency. This field is on the back of *Copy 1* and *Copy 4* of the packet. If no photo is available, leave blank.

Palm Prints Available Yes ☐

Palm Prints Available

This field should be checked if palm prints were taken at the time of arrest and are available at the submitting agency. If palm prints were not taken, leave this field blank. This field is on the back of *Copy 1* and *Copy 4* of the packet. Paper copies of palm prints should not be submitted to the BOI. Live scan submission of palm prints will be accepted.

Adjustment Term	Term	y.m.d.hrs
Community Mediation		
Community Service		

Adjustment Term

Enter the code for the Adjustment Term. These codes can be found on the back of copies 1, 2, and 4 of the Juvenile Arrest card.

Adjustment Term	Term	y.m.d.hrs
Community Mediation		
Community Service		

Length of Term y/m/d/hrs

Enter the length of term by using the letter "y" to represent an indication of year(s), "m" to represent an indication of month(s), "d" to represent day(s), and "h" to represent hour(s). For example:

A term of 1 year would be "1 y"
A term of 11 months would be indicated as "11 m"
A term of 30 days would be indicated as "30 d"
A term of 35 hours would be indicated as "35 h"

Arrestee Armed With
(Choose maximum of two)

Unarmed	☐	Unknown Firearm	☐
Handgun	☐	Rifle	☐
Shotgun	☐	Other Firearm	☐
Lethal Cutting Instrument	☐		
Club/Blackjack/Knuckles	☐		
Automatic Weapon	☐		

Arrestee Armed With

This field should be used to select the item(s) the subject was armed with at the time of arrest. A maximum of two choices can be selected. If more than two choices are selected, only two will be entered into the database. This field is only available on *Copy 4*.

Parent/Legal Guardian (Please Print)

Name: _____
Address: _____
Employer: _____
Home Phone: _____
Work Phone: _____
Relationship:

Parent/Legal Guardian

Enter the name, address, employer, home phone number, work phone number, and relationship of the parent or legal guardian. On the arresting agency copy (*Copy 1*) of this form, there are two areas to enter Parent/Legal Guardian information as well as fields for the signature of the parent or legal guardian and the subject. Only one area for Parent/Legal Guardian information is available on *Copy 4*, and the signature fields have been excluded.

All Other Shaded Areas

Shaded areas on each form are for State or Other Agency Use and should be left blank.

JUVENILE CRIMINAL HISTORY REPORTING EXAMPLES

Station Adjustments

Illinois Compiled Statutes allow minors arrested for any offense to receive a station adjustment for that arrest as provided herein. Based on the input provided to ISP from juvenile justice agencies, ISP classifies station adjustments as an arrest disposition. Therefore, the reporting structure was designed to link the station adjustment to a juvenile arrest fingerprint card using the unique document control number. This way the fingerprint verified criminal history is maintained. The following examples illustrate the various ways station adjustments can be reported.

Juvenile Offender Arrested and Immediate Informal Station Adjustment

In this example, John Jones was arrested for retail theft. John Jones was placed on informal station adjustment and released to his parents. The police department made the decision to place John Jones on station adjustment before the juvenile arrest card was submitted. Specific data fields completed included the same type of demographic, event, and charge level data that are completed for adult offenders and the new data elements of informal station adjustment indicator, adjustment term, and length of term. Please note that the station adjustment information was reported on the front of *Copy 4*, and the police department retained *Copies 1, 2,* and *3* at their location. This means no copy of the juvenile arrest card was forwarded to other criminal justice agencies. Example 1 on page 8-11 depicts this situation.

Juvenile Offender Arrested and Delayed Informal Station Adjustment

In this example, John Jones was arrested for retail theft. John Jones was placed on informal station adjustment several days later. Specific data fields completed included the same type of demographic, event, and charge level data that are completed for adult offenders and the new data elements of informal station adjustment indicator, adjustment term, and length of term. Please note that the station adjustment information was reported on the back of *Copy 2*, and the police department retained *Copies 1* and *3* at their location. This means no copy of the juvenile arrest card was forwarded to other criminal justice agencies. Example 2 on page 8-13 illustrates this point.

Juvenile Offender Arrested and Delayed Formal Station Adjustment

In this example, John Jones was arrested for retail theft. John Jones was placed on formal station adjustment several days later. Specific data fields completed included the same type of demographic, event, and charge level data that are completed for adult offenders and the new data elements of informal station adjustment indicator, adjustment term, and length of term. In addition, Illinois law requires written parental consent when using formal station adjustments. A parent's signature field has been provided for your convenience. Please note that the station adjustment information was reported on the back of *Copy 2* and the police department retained *Copies 1* and *3* at their location. Again, this means no copy of the juvenile arrest card was forwarded to other criminal justice agencies. Example 3 on page 8-14 shows this reporting situation.

Probation Adjustments

Beginning January 1, 2000, the juvenile probation officer who imposes a probation adjustment must ensure that all information about an offense which would constitute a felony, if committed by an adult, and may ensure that information about a misdemeanor offense, is transmitted to ISP. Based on the input provided to ISP from probation agencies, ISP classifies probation adjustments as an arrest disposition. Therefore, the reporting structure was designed to link the probation adjustment to a juvenile arrest fingerprint card using the unique document control number. This way the fingerprint verified criminal history is maintained. The following example illustrates the reporting of probation adjustments:

Juvenile Offender Arrested and received Probation Adjustment

In this example, John Jones was arrested for retail theft. John Jones was referred to the probation department and placed on probation adjustment several days later. Specific data fields completed included the same type of demographic, event, and charge level data that are completed for adult offenders and the new data elements of probation adjustment indicator, adjustment term, and length of term. Please note that the probation adjustment information was reported on the back of *Copy 2*, and the police department retained *Copies 1* and *3* at their location. Again, this means no copy of the juvenile arrest card was forwarded to other criminal justice agencies. Example 4 on page 8-15 reflects this situation.

State's Attorney Disposition

State's Attorneys report filing decisions in the juvenile criminal history system the exact same way filing decisions are reported in the adult system. State's attorneys have the option to file, not file, modify, or add charges and must report this decision within 30 days of occurrence. The juvenile arrest card was designed to replicate the same economies of effort by judiciously using carbons as a means to minimize the completion of data. Example 5 on page 8-16 illustrates this reporting effort.

Court Disposition (Extended Juvenile Jurisdiction Prosecution Example)

Similarly, circuit court clerks must report final disposition and sentencing information in the format that mirrors the adult system. Illinois law requires the reporting of final disposition information within 30 days of the date of disposition. However, the Juvenile Justice Reform Act created a new situation for juveniles. A mechanism called *Extended Juvenile Jurisdiction Prosecution* was created to allow a juvenile to be sentenced in both juvenile and adult court. In essence, the judge will impose the juvenile sentence and stay the adult sentence on the condition of good future conduct by the offender. If that condition is violated, then the judge has the option to vacate the juvenile sentence and impose the adult sentence. Please pay attention to the sentence status data elements as the means to indicate this situation. Example 6 on page 8-17 reflects this situation.

When a juvenile is given a delayed station adjustment, agencies should make a Xerox of Copy 2 before it is mailed to the BOI. This will ensure a copy is available in the event the juvenile is later referred to court.

EXAMPLE 1: STATION ADJUSTMENT/JUVENILE OFFENDER ARRESTED AND INFORMAL STATION ADJUSTMENT

Informal Station Adjustment. (Forward this to ISP/BOI, Retain *Copies 1, 2,* and *3* in agency file).

ALL FIELDS MARKED IN BOLD ARE MANDATORY

JUVENILE ARREST CARD

Transaction Control Number: FRM0130L24287837

Document Control Number: L24287837 | Ref. DCN:

Arresting Agency ORI - NCIC: IL0160000

Subjects Last Name	First Name	Middle Name/Suffix
Jones	John	Jay

Date of Birth	Place of Birth	Sex	Race	Height	Weight	Hair	Eye
11 / 4 / 1986	IL	M	W	504	125	BLN	BLU

Social Security Number	Drivers License Number	DL State	Basis for Caution:
100-10-6000			

Alias Last Name	First Name	Middle Name/Suffix	Alias Date of Birth
			/ /

Occupation	Employer	Employer Address	Employer Phone

Residence of Person Fingerprinted: 400 Grandview Lane, Poe, Illinois 88448

Agency Case Number: JV524

Juvenile Case Number: JV524

School Name	Date of Arrest	Time of Arrest (HRS)	Juvenile Officer Badge #	Cty of Pros.
Poe High School	12 / 4 / 2000	1800	456	016

Arrest Disposition (choose one)

Informal Station Adjustment (✗) Formal Station Adjustment ( ) Released Without Charging ( ) Petition/Referral to Court ( )

Adjustment Term	Length of Term y/m/d/hrs	
CLXR	25h	Date fingerprinted: 12 / 4 / 2000

(See back for appropriate Code)

Count	Statute Citation/AOIC Code	CSAOD	CLASS	Offense Description	Warrant County	Case Number	State Use Only
001	720 ILCS 5/16A-3-A	O	A	Retail Theft			
001							
001	Date of Offense 12 / 4 / 2000	Domestic Violence (Please Check)	Yes	✗ No	Arrest Type (Back)	V	
002							
002							
002	Date of Offense / /	Domestic Violence (Please Check)	Yes	No	Arrest Type (Back)		
003							
003							
003	Date of Offense / /	Domestic Violence (Please Check)	Yes	No	Arrest Type (Back)		

Page Number 1 of 1

IL493-0692 Copy #1 Arresting Agency Copy ISP 6-657 (3/04)

Juvenile Arrest Fingerprint Card/BOI Copy (Please roll a clear and complete set of fingerprints, then forward to BOI.)

ALL FIELDS MARKED IN BOLD ARE MANDATORY **JUVENILE ARREST CARD**

Transaction Control Number: FRM0130L24287837

Document Control Number: L24287837 Ref. DCN:

Arresting Agency ORI - NCIC: IL 0 1 6 0 0 0 0

Subjects Last Name: Jones First Name: John Middle Name/Suffix: Jay

Photo Available: Yes [x]

Palm Prints Available: Yes [ ]

Adjustment Term		Term	y.m.d.hrs
Community Mediation	M		
Community Service	X	25	h
Contact Limitations	L		
Counseling	U		
Curfew	C		
Geographical Restrictions	G		
Juvenile Officer Reporting	J		
Peer Support Program	P		
Possession of Firearm limitations	F		
Restitution	R		
School Attendance Required	S		
Other	O		

Specify Length of Term by placing term followed by y/m/d/hrs

Arrest Type	
On View Arrest	V
Summoned/Cited	S
(Not taken into custody)	
Original Arrest Warrant	A
Bond Forfeiture Warrant	B
Probation Violation Warra	P
Probation/Mandatory Supervised	
Release Violation Warran	M
Out of State Warrant	O

Arrestee Armed With (Choose maximum of two)

Unarmed	[x]	Unknown firearm	[ ]
Handgun	[ ]	Rifle	[ ]
Shotgun	[ ]	Other Firearm	[ ]
Handgun	[ ]	Rifle	[ ]
Lethal Cutting Instrument	[ ]		
Club/Blackjack/Knuckles	[ ]		

Please mail this copy to:

Parent/Legal Guardian (Please print)

Name: Joe Jones

Address: 400 Grandview Lane, Poe, Illinois

Employer: Jones' Garage

Home Phone: 720-444-1000 Work Phone:

Relationship: father

ILLINOIS STATE POLICE, 260 NORTH CHICAGO STREET, JOLIET, ILLINOIS 60432-4075

Fingerprint Images

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB / R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

IL493-0692 Copy #1 Arresting Agency Copy ISP 6-402 (3/04)

EXAMPLE 2: STATION ADJUSTMENT/JUVENILE OFFENDER ARRESTED AND DELAYED INFORMAL STATION ADJUSTMENT

Delayed Informal Station Adjustment - Forward *Copies 2* and *4* to ISP/BOI. If fingerprint card (*Copy 4*) was not sent to BOI at time of arrest, it must be included.

ALL FIELDS MARKED IN BOLD ARE MANDATORY **JUVENILE ARREST CARD**

Transaction Control Number: FRM0130L24287837

Document Control Number: L24287837 Ref. DCN:

Arresting Agency ORI - NCIC: IL 0 1 6 0 0 0 0

Subjects Last Name: Jones First Name: John Middle Name/Suffix: Jay

Arrest Disposition (choose one)

Informal Station Adjustment: x

Formal Station Adjustment:

Released without Charging:

Petition/Referral to Court:

Adjustment Term		Term	y.m.d.hrs
Community Mediation	M		
Community Service	X	25	h
Contact Limitations	L		
Counseling	U		
Curfew	C		
Geographical Restrictions	G		
Juvenile Officer Reporting	J		
Peer Support Program	P		
Possession of Firearm limitations	F		
Restitution	R		
School Attendance Required	S		
Other	O		

Arrest Type	
On View Arrest	V
Summoned/Cited (Not taken into custody)	S
Original Arrest Warrant	A
Bond Forfeiture Warrant	B
Probation Violation Warra	P
Probation/Mandatory Supervised Release Violation Warran	M
Out of State Warrant	O

PROBATION OFFICE ADJUSTMENT NOTIFICATION

Probation Adjustment: Yes

Probation Office ORI - NCIC: IL

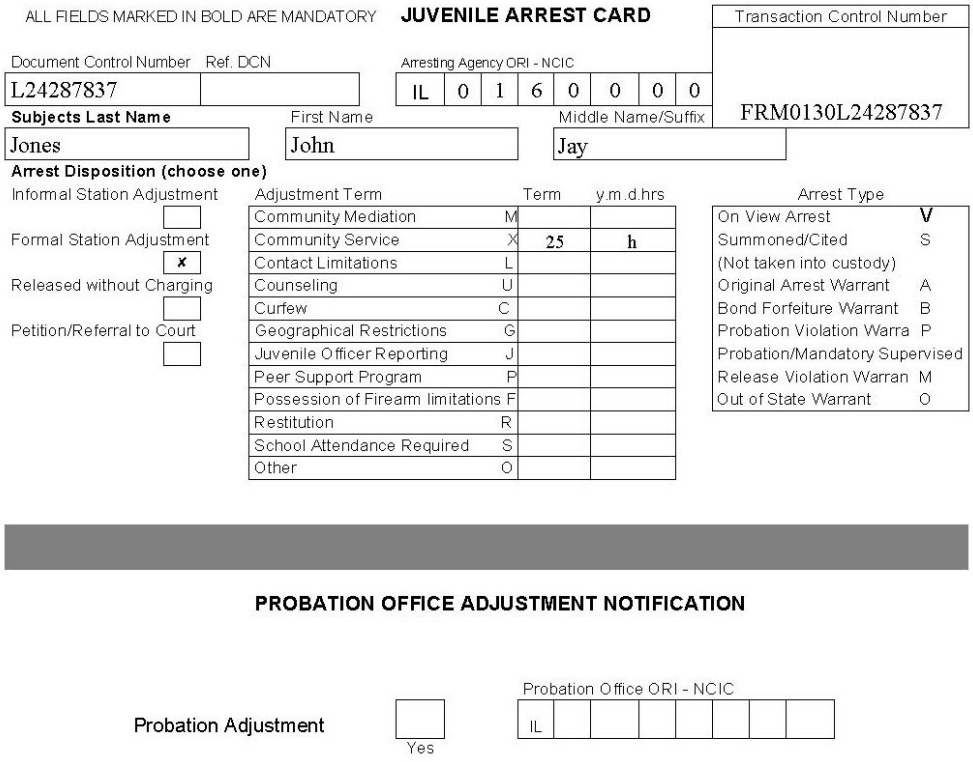
Note: If referred to court, please submit this form to the appropriate State Attorney Office.

Please Mail This Copy to:
ILLINOIS STATE POLICE, 260 NORTH CHICAGO STREET, JOLIET, ILLINOIS 60432-4075

COPY #2 STATES ATTORNEY/ARRESTING AGENCY/PROBATION ADJUSTMENT FORM

EXAMPLE 3: STATION ADJUSTMENT/JUVENILE OFFENDER ARRESTED AND DELAYED FORMAL STATION ADJUSTMENT

Arresting Agency Disposition (Delayed Formal Station Adjustment) - Forward to ISP/BOI. If fingerprint card (*Copy 4*) was not sent to BOI at time of arrest, it must be included.



ALL FIELDS MARKED IN BOLD ARE MANDATORY **JUVENILE ARREST CARD**

Transaction Control Number: FRM0130L24287837

Document Control Number: L24287837 Ref. DCN:

Arresting Agency ORI - NCIC: IL 0 1 6 0 0 0 0

Subjects Last Name: Jones First Name: John Middle Name/Suffix: Jay

Arrest Disposition (choose one)

Informal Station Adjustment [ ]

Formal Station Adjustment [x]

Released without Charging [ ]

Petition/Referral to Court [ ]

Adjustment Term		Term	y.m.d.hrs
Community Mediation	M		
Community Service	X	25	h
Contact Limitations	L		
Counseling	U		
Curfew	C		
Geographical Restrictions	G		
Juvenile Officer Reporting	J		
Peer Support Program	P		
Possession of Firearm limitations	F		
Restitution	R		
School Attendance Required	S		
Other	O		

Arrest Type	
On View Arrest	V
Summoned/Cited (Not taken into custody)	S
Original Arrest Warrant	A
Bond Forfeiture Warrant	B
Probation Violation Warra	P
Probation/Mandatory Supervised Release Violation Warran	M
Out of State Warrant	O

PROBATION OFFICE ADJUSTMENT NOTIFICATION

Probation Adjustment [ ] Yes

Probation Office ORI - NCIC: IL

Note: If referred to court, please submit this form to the appropriate State Attorney Office.

Please Mail This Copy to:
ILLINOIS STATE POLICE, 260 NORTH CHICAGO STREET, JOLIET, ILLINOIS 60432-4075

COPY #2 STATES ATTORNEY/ARRESTING AGENCY/PROBATION ADJUSTMENT FORM

EXAMPLE 4: PROBATION ADJUSTMENT/JUVENILE OFFENDER ARRESTED AND RECEIVED PROBATION ADJUSTMENT

Probation Adjustment - Forward to ISP/BOI. If fingerprint card (*Copy 4*) was not sent to BOI at time of arrest, it must be included.

ALL FIELDS MARKED IN BOLD ARE MANDATORY **JUVENILE ARREST CARD**

Transaction Control Number
FRM0130L24287837

Document Control Number	Ref. DCN
L24287837	

Arresting Agency ORI - NCIC: IL 0 1 6 0 0 0 0

Subjects Last Name	First Name	Middle Name/Suffix
Jones	John	Jay

Arrest Disposition (choose one)

Informal Station Adjustment ☐

Formal Station Adjustment ☐

Released without Charging ☐

Petition/Referral to Court ☐

Adjustment Term		Term	y.m.d.hrs
Community Mediation	M		
Community Service	X		
Contact Limitations	L		
Counseling	U		
Curfew	C		
Geographical Restrictions	G		
Juvenile Officer Reporting	J		
Peer Support Program	P		
Possession of Firearm limitations	F		
Restitution	R		
School Attendance Required	S		
Other	O		

Arrest Type	
On View Arrest	V
Summoned/Cited (Not taken into custody)	S
Original Arrest Warrant	A
Bond Forfeiture Warrant	B
Probation Violation Warra	P
Probation/Mandatory Supervised Release Violation Warran	M
Out of State Warrant	O

PROBATION OFFICE ADJUSTMENT NOTIFICATION

Probation Adjustment ✘ Yes

Probation Office ORI - NCIC: IL 0 1 6 0 1 3 G

Note: If referred to court, please submit this form to the appropriate State Attorney Office.

Please Mail This Copy to:
ILLINOIS STATE POLICE, 260 NORTH CHICAGO STREET, JOLIET, ILLINOIS 60432-4075

COPY #2 STATES ATTORNEY/ARRESTING AGENCY/PROBATION ADJUSTMENT FORM

EXAMPLE 5: STATES ATTORNEY'S DISPOSITION

State's Attorney Disposition: Forward *Copies 2* and *4* to ISP/BOI

ALL FIELDS MARKED IN BOLD ARE MANDATORY

STATES ATTORNEY

Transaction Control Number: FRM0130L24287837

Document Control Number	Ref. DCN	Arresting Agency ORI - NCIC
L24287837		IL0160000

Subjects Last Name	First Name	Middle Name/Suffix
Jones	John	Jay

Date of Birth	Place of Birth	Sex	Race	Height	Weight	Skin	Eye
11 / 4 / 1986	IL	M	W	504	125	BLN	BLU

Social Security Number	Drivers License Number	DL State	Basis for Caution:
100-10-6000			

Alias Last Name	First Name	Middle Name/Suffix	Alias Date of Birth
			/ /

Occupation	Employer	Employer Address	Employer Phone

Residence of Person Fingerprinted	Agency Case Number	Juvenile Case Number
400 Grandview Lane, Poe, Illinois 88448	JV524	JV524

School Name	Date of Arrest	Time of Arrest (HRS)	Juvenile Officer Badge #	Cty of Pros.
Poe High School	12 / 4 / 2000	1800	456	016

Arrest Disposition (choose one)

Informal Station Adjustment (✗) Formal Station Adjustment ( ) Released Without Charging ( ) Petition/Referral to Court ( )

Adjustment Term	Length of Term y/m/d/hrs	Date fingerprinted:
CLXR	25h	12 / 4 / 2000

(See back for appropriate Code)

Count	Statute Citation/AOIC Code	CSAOD	CLASS	Offense Description	Warrant County	Case Number	Filing Decision
							Check Filing Decision
001	720 ILCS 5/16A-3-A	O	A	Retail Theft			Filed ✗ / Not Filed
001							Modified / Added
001	Date of Offense 12 / 4 / 2000	Domestic Violence (Please Check) Yes ✗ No		Arrest Type (Back)			Decision Date 1 / 5 / 2001
							Check Filing Decision
002							Filed / Not Filed
002							Modified / Added
002	Date of Offense / /	Domestic Violence (Please Check) Yes No		Arrest Type (Back)			Decision Date / /
							Check Filing Decision
003							Filed / Not Filed
003							Modified / Added
003	Date of Offense / /	Domestic Violence (Please Check) Yes No		Arrest Type (Back)			Decision Date / /

Page Number ____ of ____

IL493-0692 Copy #2 States Attorney Copy ISP 6-402 (8/05)

EXAMPLE 6: COURT DISPOSITION/EXTENDED JUVENILE JURISDICTION PROSECUTION

Court Disposition: Extended Juvenile Jurisdiction Prosecution. Forward this to ISP/BOI.

ALL FIELDS MARKED IN BOLD ARE MANDATORY — **CIRCUIT CLERK** — Transaction Control Number

Document Control Number	Ref. DCN	Arresting Agency ORI - NCIC	Transaction Control Number
L24287837		IL0160000	FRM0130L24287837

Subjects Last Name	First Name	Middle Name/Suffix
Jones	John	Jay

Date of Birth	Place of Birth	Sex	Race	Height	Weight	Skin	Eye
11 / 4 / 1986	IL	M	W	504	125	BLN	BLU

Social Security Number	Drivers License Number	DL State	Basis for Caution:
100-10-6000			

Alias Last Name	First Name	Middle Name/Suffix	Alias Date of Birth
			/ /

Occupation	Employer	Employer Address	Employer Phone

Residence of Person Fingerprinted	Agency Case Number	Juvenile Case Number
400 Grandview Lane, Poe, Illinois 88448	JV524	JV524

School Name	Date of Arrest	Time of Arrest (HRS)	Juvenile Officer Badge #	Cty of Pros.
Poe High School	12 / 4 / 2000	1800	456	016

Arrest Disposition (choose one)

Informal Station Adjustment (✗) Formal Station Adjustment ( ) Released Without Charging ( ) Petition/Referral to Court ( )

Scars, Marks, Tattoos		Circuit Court Clerk ORI - NCIC
	Date fingerprinted: 12 / 4 / 2000	IL0162 5J

CIRCUIT CLERK'S SECTION

Count	Statute Citation/AOIC Code	CSAOD	CLASS	Offense Description	Disposition Code	Disposition Date	Court Case Number
1	720 ILCS 5/16A-3-A	O	A	Retail Theft	107	01/24/2001	00JD1

SENTENCE SECTION

Count	Sentence Code	Status Code	Sentence Date	Years	Months	Days	Hours	Amount
1	204	1	01 /24 2001	1				
			/ /					
			/ /					
			/ /					

Page Number ____ of ____

IL493-0692 Copy #3 Circuit Clerk Copy ISP 6-402 (8/05)

EXPUNGEMENT OF JUVENILE LAW ENFORCEMENT AND COURT RECORDS

Pursuant to 705 ILCS 405/5-915 delinquency section:

When juveniles have attained the age of 17 years or whenever all juvenile court proceedings relating to that person have been terminated, the person may petition the court to expunge law enforcement records relating to incidents occurring before his or her 17th birthday or his or her juvenile court records or both, but only in the following circumstances:

- The minor was arrested but no petition for delinquency was filed.
- The minor was charged but found not delinquent.
- The minor was placed under supervision (Continuance under Supervision) and the order has been successfully terminated.
- The minor was adjudicated for an offense which would be a Class B misdemeanor, Class C misdemeanor, or a petty or business offense if committed by an adult.

Any person may petition the court to expunge all law enforcement records relating to any incidents occurring before his or her 17th birthday which did not result in proceedings in criminal court and all juvenile court records with respect to any adjudications except those based upon first degree murder and sex offenses which would be felonies if committed by an adult, if the person for whom expungement is sought has had no convictions for any crime since his or her 17th birthday and:

- Has attained the age of 21 years; or
- 5 years have elapsed since all juvenile court proceedings relating to him or her have been terminated or his or her commitment to Department of Corrections, Juvenile Division pursuant to the Juvenile Court Act has been terminated: whichever is later of (a) or (b).

Please refer to 705 ILCS 405/5-915(3) (4) (5) and (6) to obtain more information regarding expungement of juvenile records or the Office of the Appellate Defender's website pertaining to Juvenile Expungement information at http://state.il.us/defender/juvexp.html*.*

DEFINITIONS OF TERMS USED IN THE ILLINOIS JUVENILE COURT ACT

TERM	*DEFINITION*
Adjudicatory Hearing	A hearing to determine whether the allegations of a petition under "Section 2-13, 3-15, or 4-12 that a minor under 18 years of age is abused, neglected, dependent, or requires authoritative intervention or addicted respectively, are supported by a preponderance of the evidence or whether the allegations of a petition under Section 5-520 that a minor is delinquent are proved beyond a reasonable doubt.
Adult	A person 21 years of age or older.
Agency	A public or private child care facility legally authorized or licensed by the State of Illinois.
Association	Any organization, public or private, engaged in welfare functions.
Chronic truant	Will have the definition ascribed to it in Section 26-2a of the School Code.
Court	The circuit court in a session or division assigned to hear proceedings under this Act.
Dispositional Hearing	A hearing to determine whether a minor should be adjudged to be a ward of the court.
Emancipated Minor	Any minor 16 years of age or over whom has been completely or partially emancipated under the "Emancipation of Mature Minors Act".
Guardianship of the Person	Someone who has the duty and authority to act in the best interests of the minor.
Juvenile Police Officer	A sworn police officer, who has completed a Basic Recruit Training Course, has been assigned to the position of juvenile police officer by his or her chief law enforcement officer and has completed the necessary juvenile officer's training.
Legal Custody	The relationship created by an order of court in the best interests of the minor.

TERM	*DEFINITION*
Minor	A person under the age of 21 years subject to this Act.
Parent	The father or mother of a child and includes any adoptive parent. It also includes the father whose paternity is presumed or has been established under the law of this or another jurisdiction.
Permanency Goal	A goal set by a service plan or an administrative case review.
Permanency Review Hearing	A hearing to review and determine the appropriateness of the permanency goal.
Petition	The petition provided for in Section 2-13, 4-12, or 5-520, including any supplemental petitions.
Residual Parental Rights and Responsibility	Those rights and responsibilities remaining with the parent after the transfer of legal custody or guardianship of the person.
Shelter	The temporary care of a minor in physically non-restricting facilities pending court disposition or execution of court order for placement.
Station Adjustment	The informal handling of an alleged offender by a juvenile police officer.
Ward of the Court	A minor who is so adjudged under Section 2-22, 3-23- or 5-705, after a finding of the requisite jurisdictional facts, and this is subject to the dispositional powers of the court under this Act.

Chapter 9 Adult Arrest Fingerprint Card

Form # ISP6 - 402 Copies 1 and 4

The *Arrest Fingerprint Card* is be used to report and obtain arrest information concerning an individual. When a subject is arrested or taken into custody, the agency conducting the arrest is considered the "arresting agency." The arresting agency is responsible for completing the Arrest fingerprint card or making sure that a central booking agency has completed the card. The Arrest fingerprint card must be submitted to the BOI within 24 hours of the event.

Pursuant to 20 ILCS 2530/5 the following statutes ***must be reported*** to the BOI for adult offenders (17 years of age and older):

- All felonies
- Class A Misdemeanors
- Class B Misdemeanors
- 625 ILCS 5.0/4 (series)
- 625 ILCS 5.0/11-204.1
- 625 ILCS 5.0/11-501

The following statutes ***may be reported*** to the BOI:

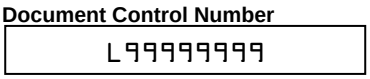
- City Ordinance Violations
- Village Ordinance Violations
- Class C Misdemeanors
- All Traffic Violations

The adult Arrest fingerprint card is a four part form:

- Copy #1 Arresting Agency (two-sided)
- Copy #2 States Attorney
- Copy #3 Circuit Court Clerk
- Copy #4 Bureau of Identification (two-sided)

Remember to press hard when completing the form as you are pressing through four copies. ***Please type or print using ink (Do Not Use Pencil)****. Please note that data must be entered on the back side of Copy 1 and Copy 4 for the entry of Arrest card to be complete.* ***Submit clear and legible fingerprints.***

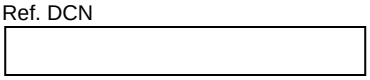
The instructions listed below follow the field format of the Arrest fingerprint card. Failure to complete all required fields which are marked in ***bold*** on the form and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed.



Document Control Number (DCN) - *MANDATORY*

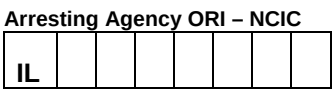
Paper form: The DCN is a preprinted number located at the top left-hand corner of the form. Each form has a unique DCN number and therefore all inquiries must be submitted on an *original* form.

Live scan: A range of numbers is provided to the agency and should auto-populate on the live scan submission. DCN ranges **must not** be recycled. To request a new range of DCN numbers, submit an email request to livescan@isp.state.il.us. Include the agency ORI, the device identifier of the live scan machine (typically beginning with the prefix "LS"), and the number of DCN numbers needed.



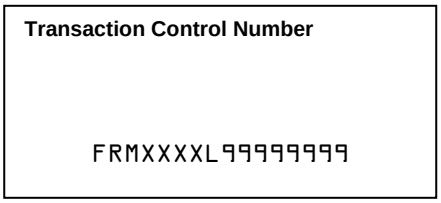
Ref. DCN

Paper form only: When the number of offenses for one DCN exceeds three charges, take *Copy 1* from another four part packet to report additional charges. For each additional *Copy 1* used, the second and subsequent *Copy 1* should have the DCN on the second and subsequent forms crossed out and the original DCN from the first *Copy 1* should be placed in the Ref. DCN field. (*Remember to complete the page numbers at the bottom of the form.)*



Arresting Agency ORI-NCIC - *MANDATORY*

The ORI – NCIC number is seven characters in length and must be preceded by the letters IL. Example: IL0160000 (IL is preprinted on the form.) The ORI should be that of the arresting agency, not the submitting agency, as this may be different.



Transaction Control Number (TCN) - *MANDATORY*

Paper form: The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code format. This bar code will be used to scan the fingerprint cards into the Automatic Fingerprint Identification System (AFIS).

Live scan: Live scan machines will assign this number automatically, using the device identifier assigned to the machine (typically beginning with "LS") and the DCN.

Subjects Last Name

Subjects Last Name - *MANDATORY*
The subject's last name should be entered into this field. Hyphenated names should include the dash between names. If there is a space in the last name, enter it as one name. For example, O'Brian would be OBrian or Van Dyke would be VanDyke. Do not enter any other special characters such as apostrophes. If the subject has only one name, it must go in the Last Name field.

First Name

First Name
The subject's first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter any other special characters such as apostrophes.

Middle Name/Suffix

Middle Name/Suffix
Enter the subject's middle name and/or suffix in this field, suffix meaning II, III, Jr. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the middle name field.

Date of Birth

/ /

Date of Birth (DOB) - *MANDATORY*
Enter an eight digit date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.

Place of Birth

Place of Birth (POB) - *MANDATORY*
The place of birth must be a valid two alpha character NCIC standard code (see *Appendix B: Code Tables*). If the place of birth is unknown, place the alpha characters "YY" in this field.

State Identification Number

IL								**0**

State Identification Number (SID)
If known, enter the SID number. The SID number contains eight numeric digits with the last digit being zero or one. Do not enter out of state SID numbers in this field. IL is preprinted on the form. If the known SID does not meet this criterion, do not enter the SID into this field.

Chicago IR #

Chicago IR (Internal Rapsheet number)
Enter the subject's IR number if known. The IR number should be preceded by the alpha characters IR.

FBI #

FBI Number
Enter the subject's FBI number if known.

Sex

Sex - *MANDATORY*
Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Race

Race - *MANDATORY*
Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Height

Height - *MANDATORY*
Enter a three digit height. If the height is 6'2", enter it as 602. Enter 000 if height is unknown. Omit fractions in this field. The first character, expressing feet, must be 4, 5, 6, or 7, and the second and third characters, expressing inches, must be between 00 and 11.

Weight

Weight - *MANDATORY*
Enter a three digit weight. If the weight is 92 pounds, enter it as 092. Omit fractions in this field. Enter 000 if the weight is unknown. The weight must be between 50 and 499.

Hair

Hair - *MANDATORY*
Enter a valid hair code (see *Appendix B: Code Tables*).

Eye

Eye - *MANDATORY*
Enter a valid eye code (see *Appendix B: Code Tables*).

Skin

Skin
Enter a valid skin code (see *Appendix B: Code Tables*).

Social Security Number

Social Security Number (SSN)
Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.

Drivers License Number

Drivers License Number (DLN)
Enter the subject's driver's license number if known.

DL State

Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.

Photo Available

Y N

Photo Available
This field should be checked if a photo is available at the submitting agency.

Palm Prints

Y N

Palm Prints Available
This field should be checked if palm prints were taken at the time of arrest and are available at the submitting agency. Paper copies of palm prints should not be submitted to the BOI. Live scan submission of palm prints will be accepted.

FOID #

Firearm Owners ID Card # (FOID #)
Enter the subject's FOID card number if known.

Basis For Caution:

Basis for Caution
Enter a basis for caution if appropriate. A listing of appropriate caution items is located in *Appendix B: Code Tables*. Do not enter homosexual or any reference to AIDS/HIV as a basis for caution. 4010 ILCS 325/8 requires that all information and records maintained by ISP and its authorized representatives relating to known or suspected cases of sexually transmissible diseases shall be strictly confidential and exempt for inspections and copying under *The Freedom of Information Act*. Therefore, any information relating to a subject who is known or suspected of being infected with AIDS/HIV should be reported in this field as "**Medical Alert."** If there is no entry for this field, leave this field blank.

Alias Last Name

Alias Last Name
Last Name rules apply to this field.

Alias First Name

Alias First Name
First Name rules apply to this field.

Alias Middle Name/Suffix

Alias Middle Name/Suffix
Middle Name rules apply to this field.

Alias Date of Birth
/ /

Alias Date of Birth
Date of Birth rules apply to this field.

Scars, Marks, Tattoos

Scars, Marks, Tattoos (SMT)
Enter any scars, marks, or tattoos on the subject. The standard NCIC code table (see *Appendix B: Code Tables*) should be used to report this information. Do not enter "NONE" or "DNA" in this field.

Occupation

Occupation
Enter the subject's current occupation.

Employer

Employer
Enter the subject's current employer. ***If an employer's address is entered, the Employer field is mandatory.***

Employer Address

Employer Address
Enter the address of the subject's current employer. ***If an employer's name is entered, the Employer Address field is***

mandatory.

Residence of Person Fingerprinted

Residence of Person Fingerprinted
Enter the current address of the subject.

Agency Case Number

Agency Case Number - *MANDATORY*
Enter a unique agency case number. If the agency case number is unknown, enter "X" in this field.

Indictment Case Number

Indictment Case Number
Enter the subject's indictment number in this field.

Date of Arrest
/ /

Date of Arrest - *MANDATORY*
Enter an eight digit date of arrest. The format should be MM/DD/CCYY.

Officer Badge #

Officer Badge Number
Enter the officer's badge number.

Co. of Pros.

County of Prosecution
Enter a three digit numeric identifier in this field. The valid values in this field must be 001 through 102 as listed on the county code sheet (see *Appendix B: Code Tables*).

Adult by Court Order	Yes

Adult by Court Order
If by court order the juvenile is to be treated as an adult, check the box located next to *Adult by Court Order*.

Arrestee Armed With		
1	11	12

Arrestee Armed With
This field should be used to select the item(s) the subject was armed with at the time of arrest. A maximum of two choices can be selected. If more than two choices are selected, only two will be entered into the database.

Arrestee Armed With Code Table

Unarmed	1
Unknown Firearm	11
Handgun	12
Rifle	13
Shotgun	14
Other Firearm	15
Lethal Cutting	16
Club/Knuckles	17

Auto Weapon
Y N

Auto Weapon
Use this area to note automatic weapons.

Released w/o Charging	Yes

Released without Charging
If the subject was released without charging, check this box.

Bond Date
/ /

Bond Date
Enter an eight digit date of bond. The format should be MM/DD/CCYY.

Receipt Number

Receipt Number
Enter the bond receipt number.

Bond Amount

Bond Amount
Enter the total amount of bond, including cents in this field. If cents is not provided, it will be put in automatically as 00.

Cash Amount

Cash Amount
Enter the amount of cash deposited for bond including cents. If cents is not provided, it will be put in automatically as 00.

No Bond | Driv. Lic

Bond Type
Check the appropriate bond type. If cash bond is checked, the *Cash Amount* field should contain the amount of cash deposited.

Date Fingerprinted
/ /

Date Fingerprinted - *MANDATORY*
Enter the eight digit date fingerprinted. The format should be MM/DD/CCYY. If the date fingerprinted is missing or invalid, place the date of arrest in this field using the same format.

Post Sentence Fingerprints | Yes

Post Sentence Fingerprints
Check this field if the fingerprints were taken during a court proceeding after the actual date of arrest.

Count	Statute Citation/AOIC Code
001	
001	

Statute Citation/AOIC Code - *MANDATORY*
Enter the appropriate statute citation for which the subject was arrested. If the statute citation provided is an ILCS statute, it must be submitted in the proper format. Example: 720 ILCS 5.0/16-1-A. **Do not send both a statute citation code and AOIC code. This will cause the submission to result in an error status.**

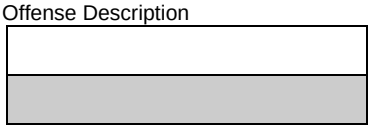
CSAOD

CSAOD - Inchoate Offense - *MANDATORY*
Only enter in one of the following codes: “C” for conspiracy, “S” for solicitation, “A” for attempt, “O” for offense sited or unknown, or “D” for drug conspiracy.

Class

Charge Penalty Class - *MANDATORY*
Enter the valid penalty class code (see *Appendix B: Code Tables*).

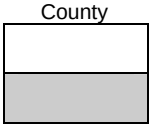
Offense Description



Offense Description

Enter the literal description of the offense in this field. Abbreviations may be used in this field.

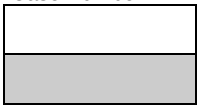
Warrant County



Warrant County

This is the three digit NCIC county code identifier. Enter only a three digit numeric identifier in this field. The valid values in this field must be 001 through 102 as listed on the county code sheet (see *Appendix B: Code Tables*).

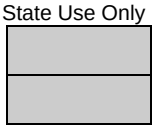
Case Number



Case Number

Enter the subject's warrant/court case number in this field.

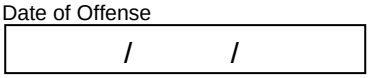
State Use Only



State Use Only

Please leave this field blank.

Date of Offense



Date of Offense (DOO)

Enter an eight digit date of offense, if known. The format should be MM/DD/CCYY. If unknown, leave blank.

Domestic Violence (Please check)	Yes	No

Domestic Violence - *MANDATORY*

If the offense cited was related to domestic violence, check the "Yes" block. If the offense cited was not related to domestic violence, check the "No" block.

Arrest Type (Back)	

Arrest Type Description	Code
On View Arrest	V
Summoned/Cited (Not Taken into Custody)	S
Original Arrest Warrant	A
Bond Forfeiture Warrant	B
Probation Violation Warrant	P
Parole Violation/Mandatory Release Violation Warrant	M
Out of State Warrant	O

Arrest Type

Arrest type codes can be found on the back of copies 1 and 4. Enter one of the following codes: "V" – On View Arrest, "S" – Summoned/Cited (Not taken into custody), "A" – Original Arrest Warrant, "B" – Bond Forfeiture Warrant, "P" – Probation Violation Warrant, "M" – Probation/Mandatory Supervised Release Violation Warrant, or "O" – out of state warrant.

All Other Shaded Areas

Shaded areas on each form are for State or Other Agency Use and should be left blank.

Form Distribution

The *Arresting Agency Copy 1* should be maintained by the arresting agency for their records. The *State's Attorney Copy 2* and the *Circuit Clerk Copy 3* should be forwarded to the appropriate State's Attorney. The *Bureau of Identification Copy 4* should be forwarded to:

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4072

Errors

Errors that are returned to the submitting agency are to be corrected by the arresting agency and returned to the Bureau of Identification. Error corrections must be made on *Copy 4*, not the error notification form.

Chapter 10 States Attorney Filing Decision Form

Form # ISP6 - 402 Copy #2

The States Attorney Filing Decision form is used to report the filing decision on reportable statutes concerning an individual. The statutes listed below are those statutes which are to be reported to the Bureau of Identification within 30 days of the event. The States Attorney Filing Decision form is *Copy 2* of the arrest fingerprint card four part packet.

Pursuant to 20 ILCS 2530/5 the following statutes ***must be reported*** to the BOI for adult offenders (17 years of age and older):

- All felonies
- Class A Misdemeanors
- Class B Misdemeanors
- 625 ILCS 5.0/4 (series)
- 625 ILCS 5.0/11-204.1
- 625 ILCS 5.0/11-501

The following statutes ***may be reported*** to the BOI:

- City Ordinance Violations
- Village Ordinance Violations
- Class C Misdemeanors
- All Traffic Violations

The instructions listed below follow the field format of the State's Attorney Filing Decision form. Failure to complete all required fields which are marked in ***bold*** on the form and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed. **Please type or print using ink. (Do not use pencil.)** With the exception of the states attorney ORI, charge data, filing decision date, and the post sentence fingerprint field, the form should be carbon copied onto the state's attorney form from the arresting agency. If any mandatory fields (bolded fields) are left blank from the arresting agency, it will be the responsibility of the states attorney to complete these fields. Live scan submissions will require these forms to be printed from the machine and mailed to the appropriate states attorney's office.

Document Control Number

L99999999

Document Control Number (DCN) – *MANDATORY*

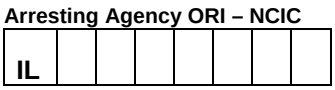
The DCN is a preprinted number located at the top left-hand corner of the form. Each form has a unique DCN number and therefore all inquiries must be submitted on an *original* form.

Ref. DCN

Ref. DCN

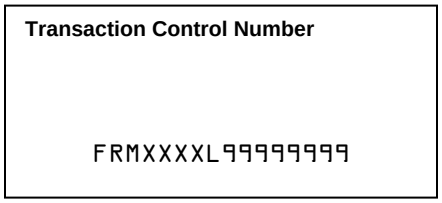
When the number of offenses for one DCN exceeds three charges, take *Copy 1* from another four part packet to report additional charges. For each additional *Copy 1* used, the

second and subsequent *Copy 1* should have the DCN on the second and subsequent forms crossed out and the original DCN from the first *Copy 1* should be placed in the Ref. DCN field. (*Remember to complete the page numbers at the bottom of the form.)*



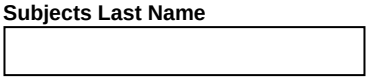
Arresting Agency ORI-NCIC) - *MANDATORY*

The ORI - NCIC is seven characters in length and must be preceded by the letters IL. Example: IL0160000 (IL is preprinted on the form.) The ORI should be that of the arresting agency, not the submitting agency, as this may be different.



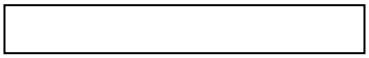
Transaction Control Number (TCN) - *MANDATORY*

The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code format.



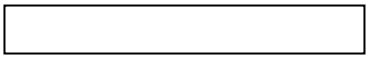
Subjects Last Name - *MANDATORY*

The subject's last name should be entered into this field. Hyphenated names should include the dash between names. If there is a space in the last name, enter it as one name. For example, O'Brian would be OBrian or Van Dyke would be VanDyke. Do not enter any other special characters such as apostrophes. If the subject has only one name, it must go in the Last Name field.



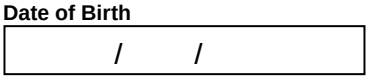
First Name

The subject's first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter any other special characters such as apostrophes.



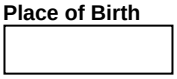
Middle Name/Suffix

Enter the subject's middle name and/or suffix in this field, suffix meaning II, III, Jr. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the middle name field.



Date of Birth (DOB) - *MANDATORY*

Enter an eight digit date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.



Place of Birth (POB) - *MANDATORY*

The place of birth must be a valid two alpha character NCIC standard code (see *Appendix B: Code Tables*). If the place of

birth is unknown, place the alpha characters “YY” in this field.

State Identification Number

IL								0

State Identification Number (SID)
If known, enter the SID number. The SID number contains eight numeric digits with the last digit being zero or one. Do not enter out of state SID numbers in this field. IL is preprinted on the form. If the known SID does not meet this criterion, do not enter the SID into this field.

Chicago IR #

Chicago IR (Internal Rapsheet number)
Enter the subject’s IR number if known. The IR number should be preceded by the alpha characters IR.

FBI #

FBI Number
Enter the subject’s FBI number if known.

Sex

Sex - *MANDATORY*
Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use “U” for unknown.

Race

Race - *MANDATORY*
Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use “U” for unknown.

Height

Height - *MANDATORY*
Enter a three digit height. If the height is 6'2", enter it as 602. Enter 000 if height is unknown. Omit fractions in this field. The first character, expressing feet, must be 4, 5, 6, or 7, and the second and third characters, expressing inches, must be between 00 and 11.

Weight

Weight - *MANDATORY*
Enter a three digit weight. If the weight is 92 pounds, enter it as 092. Omit fractions in this field. Enter 000 if the weight is unknown. The weight must be between 50 and 499.

Hair

Hair – *MANDATORY*
Enter a valid hair code (see *Appendix B: Code Tables*).

Eye

Eye - *MANDATORY*
Enter a valid eye code (see *Appendix B: Code Tables*).

Skin

Skin
Enter a valid skin code (see *Appendix B: Code Tables*).

Social Security Number

Social Security Number (SSN)
Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.

Drivers License Number

Drivers License Number (DLN)
Enter the subject's driver's license number if known.

DL State

Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.

Photo Available
Y N

Photo Available
This field should be checked if a photo is available at the submitting agency.

Palm Prints
Y N

Palm Prints
This field should be checked if palm prints were taken at the time of arrest and are available at the submitting agency. Paper copies of palm prints should not be submitted to the BOI. Live scan submission of palm prints will be accepted.

FOID #

FOID # - Firearm Owners ID Card number
Enter the subject's FOID card number if known.

Basis For Caution

Basis for Caution
Enter a basis for caution if appropriate. A listing of appropriate caution items is located in *Appendix B: Code Tables*. Do not enter homosexual or make any reference to AIDS/HIV as a basis for caution. 4010 ILCS 325/8 requires that all information and records held by ISP and its authorized representatives relating to known or suspected cases of sexually transmissible diseases shall be strictly confidential and exempt for inspections and copying under *The Freedom of Information Act*. Therefore, any information relating to a subject who is known or suspected of being infected with AIDS/HIV should be reported in this field as "**MEDICAL ALERT."** If there is no entry for this field, please leave this field blank.

Alias Last Name

Alias Last Name
Last name rules apply to this field.

Alias First Name

Alias First Name
First name rules apply to this field.

Alias Middle Name/Suffix

Alias Middle Name
Middle name rules apply to this field.

Alias Date of Birth
/ /

Alias Date of Birth
Date of birth rules apply to this field.

Scars, Marks, Tattoos

Scars, Marks, Tattoos (SMT)
Enter any scars, marks, or tattoos on the subject. The standard NCIC code table (see *Appendix B: Code Tables*) should be used to report this information. Do not enter "NONE" or "DNA" in this field.

Occupation

Occupation
Enter the subject's current occupation.

Employer

Employer
Enter the subject's current employer. ***If an employer's address is entered, the Employer field is mandatory.***

Employer Address

Employer Address
Enter the address of the subject's current employer. ***If an employer's name is entered, the Employer Address field is mandatory.***

Residence of Person Fingerprinted

Residence of Person Fingerprinted
Enter the current address of the subject.

Agency Case Number

Agency Case Number - *MANDATORY*
Enter a unique agency case number. If the agency case number is unknown, enter "X" in this field.

Indictment Case Number

Indictment Case Number
Enter the subject's Indictment number in this field.

Date of Arrest

Date of Arrest - *MANDATORY*
Enter an eight digit date of arrest. The format should be MM/DD/CCYY.

Officer Badge #

Officer Badge Number
Enter the Officer's Badge number.

Co. of Pros.

County of Prosecution
Enter a three digit numeric identifier in this field. The valid values in this field must be 001 through 102 as listed on the county code sheet (see *Appendix B: Code Tables*).

Adult by Court Order	Yes

Adult by Court Order
If by court order the juvenile is to be treated as an adult, check the box located next to *Adult by Court Order*.

Arrestee Armed With		
1	11	12

Arrestee Armed With
This field should be used to select the item(s) the subject was armed with at the time of arrest. A maximum of two choices can be selected. If more than two choices are selected, only two will be entered into the database.

Arrestee Armed With Code Table

Unarmed	1
Unknown Firearm	11
Handgun	12
Rifle	13
Shotgun	14
Other Firearm	15
Lethal Cutting	16
Club/Knuckles	17

Auto Weapon

Y	N

Auto Weapon
Use this area to note automatic weapons.

Released w/o Charging	Yes

Released without Charging
If the subject was released without charging, check this box.

Bond Date

/ /

Bond Date
Enter an eight digit date of bond. The format should be MM/DD/CCYY.

Receipt Number

Receipt Number
Enter Bond Receipt Number.

Bond Amount

Bond Amount
Enter the total amount of bond, including cents in this field. If cents is not provided, it will be put in automatically as 00.

Cash Amount

Cash Amount
Enter the amount of cash deposited for bond including cents. If cents is not provided, it will be put in automatically as 00.

No Bond	Driv. Lic

Bond Type
Check the appropriate bond type. If cash bond is checked, the *Cash Amount* field should contain the amount of cash deposited.

Date Fingerprinted

/ /

Date Fingerprinted - *MANDATORY*
Enter the eight digit numeric date fingerprinted. The format should be MM/DD/CCYY. If the date fingerprinted is missing or invalid, place the date of arrest in this field using the same format.

States Attorney ORI - NCIC

IL							A

State's Attorney ORI – NCIC - *MANDATORY*

The ORI - NCIC is seven digits in length and be must preceded by the letters IL. Example: IL016013A (The IL prefix and the "A" suffix is preprinted on the form.) The ORI should be that of the states attorney, not the arresting or submitting agency.

Post Sentence Fingerprints	Yes

Post Sentence Fingerprints

Check this field if the fingerprints were taken during a court proceeding after the actual date of arrest.

Count	Statute Citation/AOIC Code
001	
001	

Statute Citation/AOIC Code - *MANDATORY*

Enter the appropriate statute citation for which the subject was arrested. If the statute citation provided is an ILCS statute, it must be submitted in the proper format. Example: 720 ILCS 5.0/16-1-A. **Do not send both a statute citation code and AOIC code. This will cause the submission to result in an error status.**

CSAOD

CSAOD - Inchoate Offense - *MANDATORY*

Only enter in one of the following codes: "C" for conspiracy, "S" for solicitation, "A" for attempt, "O" for offense cited or unknown, or "D" for drug conspiracy.

Class

Charge Penalty Class - *MANDATORY*

Enter the valid penalty class code (see *Appendix B: Code Tables*).

Offense Description

Offense Description

Enter the literal description of the offense in this field. Abbreviations may be used in this field.

Warrant County

Warrant County

Enter only a three digit numeric identifier in this field. The valid values in this field must be 001 through 102 as listed on the county code sheet (see *Appendix B: Code Tables*).

Case Number

Case Number

Enter the subject's warrant/court case number in this field.

Check Filing Decision	
Filed	Not Filed
Modified	Added

Filing Decision - *MANDATORY*

Mark the appropriate filing decision. The corresponding white area should be filled in with the appropriate statute if charges were added or modified. The gray area for these added offenses should be blank. If additional charges are added and

there is not enough room on the form, follow the rules listed for Ref. DCN.

Date of Offense

/ /

Date of Offense (DOO)
Enter an eight digit date of offense, if known. The format should be MM/DD/CCYY. If unknown, leave blank.

Domestic Violence (Please check)	Yes	No

Domestic Violence - *MANDATORY*
If the offense cited was related to domestic violence, check the "Yes" block. If the offense cited was not related to domestic violence, please check the "No" block.

Arrest Type (Back)	

Arrest Type Description	Code
On View Arrest	V
Summoned/Cited (Not Taken into Custody)	S
Original Arrest Warrant	A
Bond Forfeiture Warrant	B
Probation Violation Warrant	P
Parole Violation/Mandatory Release Violation Warrant	M
Out of State Warrant	O

Arrest Type
Arrest type codes can be found on the back of copies 1 and 4. Enter one of the following codes: "V" – On View Arrest, "S" – Summoned/Cited (Not taken into custody), "A" – Original Arrest Warrant, "B" – Bond Forfeiture Warrant, "P" – Probation Violation Warrant, "M" – Probation/Mandatory Supervised Release Violation Warrant, or "O" – out of state warrant.

Decision Date:

/ /

Decision Date - *MANDATORY*
Enter an eight digit filing decision date. The format should be MM/DD/CCYY.

Form Distribution

The States Attorney form *Copy 2* should be forwarded to:

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4072

The Circuit Clerk form *Copy 3* should be forwarded to the appropriate circuit court clerk.

Errors

Errors that are returned to the agency are to be corrected by the states attorney's office and returned to the Bureau of Identification. Error corrections must be made on *Copy 2*, not the error notification form.

Chapter 11 Circuit Clerk Court Disposition Form

Form # ISP6 - 402 Copy #3

The Court Disposition form should be used to report the decision on any case which the Illinois State Police has received information pursuant to 20 ILCS 2630/2.1a and or 20 ILCS 2630/2-1d. The statutes listed below are those statutes which are to be reported to the Bureau of Identification. The Circuit Clerk Court Disposition Form is *Copy 3* of the arrest fingerprint card four part packet. The Circuit Clerk Court Disposition form must be submitted to the BOI within 30 days of the final disposition.

Pursuant to 20 ILCS 2530/5 the following statutes ***must be reported*** to the BOI for adult offenders (17 years of age and older):

- All felonies
- Class A Misdemeanors
- Class B Misdemeanors
- 625 ILCS 5.0/4 (series)
- 625 ILCS 5.0/11-204.1
- 625 ILCS 5.0/11-501

The following statutes ***may be reported*** to the BOI:

- City Ordinance Violations
- Village Ordinance Violations
- Class C Misdemeanors
- All Traffic Violations

The instructions beginning on the next page follow the field format of the Circuit Clerk Disposition form. Failure to complete all required fields which are marked in ***bold*** on the Circuit Clerk Disposition form and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed. **Please type or print using ink.** With the exception of the Circuit Clerk Court ORI, charge data and disposition data, the form should be carbon copied onto the Circuit Clerk form from the arresting agency. It will be the responsibility of the circuit clerk to report all sentence information for each offense. Example: If the offender receives three separate sentences for one offense (i.e., fine, probation and county jail), all three sentences are to be reported with the same corresponding offense count number. The actual offenses should be reported in the Circuit Clerk section of the disposition from and the sentences should be reported in the sentence section on the disposition form. If any mandatory fields (bolded fields) are left blank from the arresting agency, it will be the responsibility of the circuit court clerk to complete these fields.

Document Control Number

L99999999

Document Control Number (DCN) - *MANDATORY*

The DCN is a preprinted number located at the top left-hand corner of the form. Each form has a unique DCN number and

therefore all inquiries must be submitted on an ***original*** form.

Ref. DCN

Ref. DCN

When the number of offenses for one DCN exceeds three charges, take *Copy 1* from another four part packet to report additional charges. For each additional *Copy 1* used, the second and subsequent *Copy 1* should have the DCN on the second and subsequent forms crossed out and the original DCN from the first *Copy 1* should be placed in the Ref. DCN field. (Remember to complete the page numbers at the bottom of the form.)

Arresting Agency ORI – NCIC

IL

Arresting Agency ORI-NCIC - *MANDATORY*

The ORI – NCIC number is seven characters in length and must be preceded by the letters IL. Example: IL0160000 (the IL is preprinted on the form). The ORI should be that of the arresting agency, not the submitting agency, as this may be different.

Transaction Control Number

FRMXXXXL99999999

Transaction Control Number (TCN) - *MANDATORY*

The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code format.

Subjects Last Name

Subjects Last Name - *MANDATORY*

The subject's last name should be entered into this field. Hyphenated names should include the dash between names. If there is a space in the last name, enter it as one name. For example, O'Brian would be OBrian or Van Dyke would be VanDyke. Do not enter any other special characters such as apostrophes. If the subject's last name is unknown, you must enter "unknown".

First Name

First Name

The subject's first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter any other special characters such as apostrophes.

Middle Name/Suffix

Middle Name/Suffix

Enter the subject's middle name and/or suffix in this field, suffix meaning II, III, Jr. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the middle name field.

Date of Birth

/ /

Date of Birth (DOB) - *MANDATORY*

Enter an eight digit date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.

Place of Birth

Place of Birth (POB) - *MANDATORY*

The place of birth must be a valid two digit alpha character NCIC standard code (see *Appendix B: Codes Tables*). If the place of birth is unknown, place the alpha characters "YY" in this field.

State Identification Number

IL								**0**

State Identification Number (SID)

If known, enter the SID number. The SID number contains eight numeric digits with the last digit being zero or one. Do not enter out of state SID numbers in this field. IL is preprinted on the form. If the known SID does not meet this criterion, do not enter the SID into this field.

Chicago IR #

Chicago IR (Internal Rapsheet) number

Enter the subject's IR number if known. The IR number should be preceded by the alpha characters IR.

FBI #

FBI Number

Enter the subject's FBI number if known.

Sex

Sex - *MANDATORY*

Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Race

Race - *MANDATORY*

Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Height

Height - *MANDATORY*

Enter a three digit height. If the height is 6'2", enter it as 602. Enter 000 if height is unknown. Omit fractions in this field. The first character, expressing feet, must be 4, 5, 6, or 7, and the second and third characters, expressing inches, must be between 00 and 11.

Weight

Weight - *MANDATORY*

Enter a three digit weight. If the weight is 92 pounds, enter it as 092. Omit fractions in this field. Enter 000 if the weight is unknown. The weight must be between 50 and 499.

Hair

Hair - *MANDATORY*
Enter a valid hair code (see *Appendix B: Code Tables*).

Eye

Eye - *MANDATORY*
Enter a valid eye code (see *Appendix B: Code Tables*).

Skin

Skin
Enter a valid skin code (see *Appendix B: Code Tables*).

Social Security Number

Social Security Number (SSN)
Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.

Drivers License Number

Drivers License Number (DLN)
Enter the subject's driver's license number if known.

DL State

Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.

Photo Available
Y N

Photo Available
This field should be checked if a photo is available at the submitting agency.

Palm Prints
Y N

Palm Prints
This field should be checked if palm prints were taken at the time of arrest and are available at the submitting agency. Paper copies of palm prints should not be submitted to the BOI. Live scan submission of palm prints will be accepted.

FOID #

FOID # - Firearm Owners ID Card number
Enter the subject's FOID card number if known.

Basis For Caution

Basis for Caution
Enter a basis for caution if appropriate. A listing of appropriate caution items is located in *Appendix B: Code Tables*. Do not enter homosexual or make any reference to AIDS/HIV as a basis for caution. 4010 ILCS 325/8 requires that all information and records held by ISP and its authorized representatives relating to known or suspected cases of sexually transmissible diseases shall be strictly confidential and exempt for inspections and copying under *The Freedom of Information Act*. Therefore, any information relating to a subject who is known or suspected of being infected with AIDS/HIV should be reported in this field

as "**MEDICAL ALERT."** If there is no entry for this field, please leave this field blank.

Alias Last Name

Alias Last Name
Last name rules apply to this field.

Alias First Name

Alias First Name
First name rules apply to this field.

Alias Middle Name/Suffix

Alias Middle Name
Middle name rules apply to this field.

Alias Date of Birth
/ /

Alias Date of Birth
Date of birth rules apply to this field.

Scars, Marks, Tattoos

Scars, Marks, Tattoos (SMT)
Enter any scars, marks, or tattoos on the subject. The standard NCIC code table (see *Appendix B: Code Tables*) should be used to report this information. Do not enter "NONE" or "DNA" in this field.

Occupation

Occupation
Enter the subject's current occupation.

Employer

Employer
Enter the subject's current employer. ***If an employer's address is entered, the Employer field is mandatory.***

Employer Address

Employer Address
Enter the address of the subject's current employer. ***If an employer's name is entered, the Employer Address field is mandatory.***

Residence of Person Fingerprinted

Residence of Person Fingerprinted
Enter the current address of the subject.

Agency Case Number

Agency Case Number - *MANDATORY*
Enter a unique agency case number. If the agency case number is unknown, enter "X" in this field.

Indictment Case Number

Indictment Case Number
Enter the subject's Indictment number in this field.

Date of Arrest

Date of Arrest - *MANDATORY*
Enter an eight digit date of arrest. The format should be MM/DD/CCYY.

Officer Badge #

Officer Badge Number
Enter the Officer's badge number.

Co. of Pros.

County of Prosecution
Enter a three digit numeric identifier in this field. The valid values in this field must be 001 through 102 as listed on the county code sheet (see *Appendix B: Code Tables*).

Adult by Court Order	Yes

Adult by Court Order
If by court order the juvenile is to be treated as an adult, check the box located next to *Adult by Court Order*.

Arrestee Armed With				
1		11		12

Arrestee Armed With Code Table

Unarmed	1
Unknown Firearm	11
Handgun	12
Rifle	13
Shotgun	14
Other Firearm	15
Lethal Cutting	16
Club/Knuckles	17

Arrestee Armed With
This field should be used to select the item(s) the subject was armed with at the time of arrest. A maximum of two choices can be selected. If more than two choices are selected, only two will be entered into the database.

Auto Weapon

Y N

Auto Weapon
Use this area to note automatic weapons.

Released w/o Charging	Yes

Released without Charging
If the subject was released without charging, check this box.

Bond Date

/ /

Bond Date
Enter an eight digit date of bond. The format should be MM/DD/CCYY.

Receipt Number

Receipt Number
Enter Bond Receipt Number.

Bond Amount

Bond Amount
Enter the total amount of bond, including cents in this field. If cents is not provided, it will be put in automatically as 00.

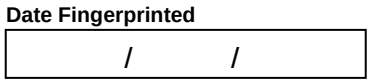
Cash Amount

Cash Amount
Enter the amount of cash deposited for bond including cents. If cents is not provided, it will be put in automatically as 00.

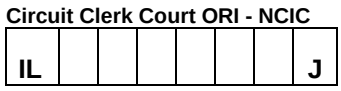
No Bond	Driv. Lic

Bond Type
Check the appropriate bond type. If cash bond is checked, the *Cash Amount* field should contain the amount of cash

deposited.

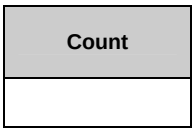


Date Fingerprinted - *MANDATORY*
Enter the eight digit date fingerprinted. The format should be MM/DD/CCYY. If the date fingerprinted is missing or invalid, place the Date of Arrest in this field using the same format

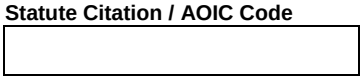


Circuit Clerk Court ORI-NCIC - *MANDATORY*
The ORI is seven digits in length and must be preceded by the letter IL. Example: IL016025J (The "IL" prefix and "J" suffix is preprinted on the form.) This NCIC/ORI number should be that of the circuit court clerk, not the arresting or submitting agency, as this may be different.

Post Sentence Fingerprints
Check this field if the fingerprints were taken during a court proceeding after the actual date of arrest.



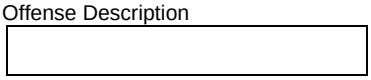
Count - *MANDATORY*
Place the appropriate three digit numeric count number in this field. Example: Count 1 would be 001, Count 2 would be 002, etc.



Statute Citation/AOIC Code - *MANDATORY*
Enter the appropriate statute citation for which the subject was arrested. If the statute citation provided is an ILCS statute, it must be submitted in the proper format. Example: 720 ILCS 5.0/16-1-A. **Do not send both a statute citation code and AOIC code. This will cause the submission to result in an error status.**

CSAOD - Inchoate Offense - *MANDATORY*
Only enter in one of the following codes: "C" for conspiracy, "S" for solicitation, "A" for attempt, "O" for offense cited or unknown, or "D" for drug conspiracy.

Charge Penalty Class - *MANDATORY*
Enter the valid penalty class code (see *Appendix B: Code Tables*).



Offense Description
Enter the literal description of the offense in this field. Abbreviations may be used in this field.

Disposition Code

Disposition Code - *MANDATORY*
Place the appropriate three digit court disposition code in this field. Example: 101 Guilty, 208 Dismissed (see *Appendix B: Code Tables*).

Disposition Date

Disposition Date - *MANDATORY*
Enter an eight digit date of disposition. The format should be MM/DD/CCYY.

Court Case Number

Court Case Number - *MANDATORY*
Enter in the Circuit Clerk court case number.

Count

Count - *MANDATORY*
Place the appropriate three digit numeric count number in this field. Example: Count 1 would be 001, Count 2 would be 002, etc.

SENTENCE CODE

Sentence Code
Place the appropriate three digit sentence code in this field. Example: 201 Imprisonment, or 301 Fine (see *Appendix B: Code Tables*). ***This is a mandatory field if a sentence term or fine amount was issued.***

YEAR

Year
Enter the appropriate number of years if a year term was issued.

MONTHS

Month
Enter the appropriate number of months if a month term was issued. This field can be used up to 12 months.

DAYS

Days
Enter the appropriate number of days if a day term was issued. This field can be used up to 365 days.

HOURS

Hours
Enter the appropriate number of hours if an hour term was issued.

AMOUNT

Amount
Enter the total fine amount including cents in this field. If cents is not provided, they will be put in automatically.

SENTENCE STATUS CODE

Sentence Status Code
Enter the appropriate sentence status: “1” - Sentence in Force, “2” - Waived, “3” - Suspended, “4” - Suspended in Part, “5” Concurrent, (**6**) - Consecutive. ***This is a mandatory field if a sentence term or fine amount was issued.***

SENTENCE DATE

Sentence Date
Enter an eight digit sentence date. The format should be MM/DD/CCYY. ***This is a mandatory field if a sentence term or fine amount was issued.***

Form Distribution
The Circuit Clerk form *Copy 3* should be forwarded to:

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4072.

Errors
Errors that are returned to the agency are to be corrected by the circuit court clerk’s office and returned to the Bureau of Identification. Error corrections must be made on *Copy 3*, not the error notification form.

Chapter 12 Custodial Fingerprint Card

Form # ISP 6-407

The *Custodial fingerprint card* should be used to report the receipt of a subject into a correctional facility or county jail for a criterion offense. When a subject is taken into custody the receiving agency is responsible for completing the Custodial fingerprint card upon receipt of subject and completing the custodial status change form anytime there is change in the subject's status.

Pursuant to 20 ILCS 2530/5 the following statutes ***must be reported*** to the BOI for adult offenders (17 years of age and older):

- All felonies
- Class A Misdemeanors
- Class B Misdemeanors
- 625 ILCS 5.0/4 (series)
- 625 ILCS 5.0/11-204.1
- 625 ILCS 5.0/11-501

The following statutes ***may be reported*** to the BOI:

- City Ordinance Violations
- Village Ordinance Violations
- Class C Misdemeanors
- All Traffic Violations

The instructions listed below follow the field format of the Custodial fingerprint card. Failure to complete all required fields which are marked in ***bold*** on the Custodial fingerprint card and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed. **Please type or print using ink.** You are reminded when completing this form to press hard as you are pressing through three copies. Please note data must be entered on the back side of *Copy 1* and *4* for the entry of the custodial fingerprint card to be complete.

Document Control Number

L99999999

Document Control Number (DCN) - *MANDATORY*

Paper form: The DCN is a preprinted number located at the top left-hand corner of the form. Each form has a unique DCN number and therefore all inquiries must be submitted on an *original* form.

Live scan: A range of numbers is provided to the agency and should auto-populate on the live scan submission. DCN ranges **must not** be recycled. To request a new range of DCN numbers, submit an email request to livescan@isp.state.il.us. Include the agency ORI, the device identifier of the live scan

machine (typically beginning with the prefix “LS”), and the number of DCN numbers needed.

Ref. DCN

Ref. DCN

Paper form only: When the number of offenses for one DCN exceeds three charges, take *Copy 1* from another four part packet to report additional charges. For each additional *Copy 1* used, the second and subsequent *Copy 1* should have the DCN on the second and subsequent forms crossed out and the original DCN from the first *Copy 1* should be placed in the Ref. DCN field. (Remember to complete the page numbers at the bottom of the form).

Submitting Agency ORI – NCIC

IL

Submitting Agency ORI-NCIC - *MANDATORY*

The ORI - NCIC is seven characters in length and must be preceded by the letters IL. Example: IL0160000 (IL is preprinted on the form.) The ORI should be that of the confining agency, not the submitting agency, as this may be different.

Transaction Control Number

FRMXXXXL99999999

Transaction Control Number (TCN) - *MANDATORY*

Paper form: The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code format. This bar code will be used to scan the fingerprint cards into the Automatic Fingerprint Identification System (AFIS).

Live scan: Live scan machines will assign this number automatically, using the device identifier assigned to the machine (typically beginning with “LS”) and the DCN.

Subject’s Last Name

Subject’s Last Name - *MANDATORY*

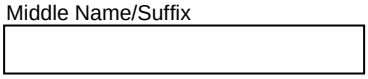
The subject’s last name should be entered into this field. Hyphenated names should include the dash between names. If there is a space in the last name, enter it as one name. For example, O’Brian would be OBrian or Van Dyke would be VanDyke. Do not enter any other special characters such as apostrophes. If the subject has only one name, it must go in the Last Name field.

First Name

First Name

The subject’s first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter any other special characters such as apostrophes.

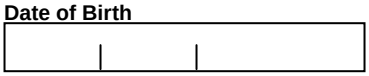
Middle Name/Suffix



Middle Name/Suffix

Enter the subject's middle name and/or suffix in this field, suffix meaning II, III, Jr. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the middle name field.

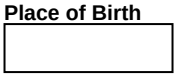
Date of Birth



Date of Birth (DOB) – *MANDATORY*

Enter an eight digit date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.

Place of Birth



Place of Birth (POB) - *MANDATORY*

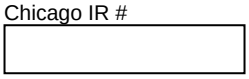
The place of birth must be a valid two alpha character NCIC standard code (see *Appendix B: Code Tables*). If the place of birth is unknown, place the alpha characters "YY" in this field.

State Identification Number

State Identification Number (SID)

If known, enter the SID number. The SID number contains eight numeric digits with the last digit being zero or one. Do not enter out of state SID numbers in this field. IL is preprinted on the form. If the known SID does not meet this criterion, do not enter the SID into this field.

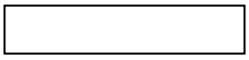
Chicago IR #



Chicago IR (Internal Rapsheet) number

Enter the subject's IR number if known. The IR number should be preceded by the alpha characters IR.

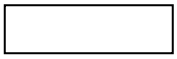
FBI #



FBI Number

Enter the subject's FBI number if known.

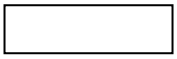
Sex



Sex - *MANDATORY*

Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

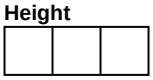
Race



Race - *MANDATORY*

Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Height



Height - *MANDATORY*

Enter a three digit height. If the height is 6'2", enter it as 602. Enter 000 if height is unknown. Omit fractions in this field. The first character, expressing feet, must be 4, 5, 6, or 7, and the second and third characters, expressing inches, must be between 00 and 11.

Weight

Weight - *MANDATORY*
Enter a three digit weight. If the weight is 92 pounds, enter it as 092. Omit fractions in this field. Enter 000 if the weight is unknown. The weight must be between 50 and 499.

Hair

Hair - *MANDATORY*
Enter a valid hair code (see *Appendix B: Code Tables*).

Eye

Eye - *MANDATORY*
Enter a valid eye code (see *Appendix B: Code Tables*).

Skin

Skin
Enter a valid skin code (see *Appendix B: Code Tables*).

Social Security Number

Social Security Number (SSN)
Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.

Drivers License Number

Drivers License Number (DLN)
Enter the subject's driver's license number if known.

DL State

Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.

IDOC # / JAIL #

IDOC#/JAIL # (Illinois Department of Corrections #) - *MANDATORY*
Enter the subject's six digit inmate number if known.

FOID #

FOID # - Firearm Owners ID Card number
Enter the subject's FOID card number if known.

INS #

INS # - Immigration/Naturalization Services number
Enter the subject's Immigration/Naturalization number in this field if known.

Basis For Caution

Basis for Caution
Enter a basis for caution if appropriate. A listing of appropriate caution items is located in *Appendix B: Code Tables*. Do not enter homosexual or make any reference to AIDS/HIV as a basis for caution. 4010 ILCS 325/8 requires that all information and records held by ISP and its authorized representatives relating to known or suspected cases of sexually transmissible diseases shall be strictly confidential and exempt for inspections and copying under *The Freedom of Information Act*. Therefore,

any information relating to a subject who is known or suspected of being infected with AIDS/HIV should be reported in this field as "**MEDICAL ALERT."** If there is no entry for this field, please leave this field blank.

Alias Last Name

Alias Last Name
Last name rules apply to this field.

First Name

Alias First Name
First name rules apply to this field.

Middle Name/Suffix

Alias Middle Name
Middle name rules apply to this field.

Alias Date of Birth

Alias Date of Birth
Date of birth rules apply to this field.

MISC #

MISC # - Miscellaneous Number
Enter the miscellaneous number if known (see *Appendix B: Code Tables*). If the miscellaneous number does not begin with an alpha character prefix, leave blank.

Scars, Marks, Tattoos

Scars, Marks, Tattoos (SMT)
Enter any scars, marks, or tattoos on the subject. The standard NCIC code table (see *Appendix B: Code Tables*) should be used to report this information. Do not enter "NONE" or "DNA" in this field.

Occupation

Occupation
Enter the subject's current occupation.

Employer

Employer
Enter the subject's current employer. ***If an employer's address is entered, the Employer field is mandatory.***

Employer Address

Employer Address
Enter the address of the subject's current employer. ***If an employer's name is entered, the Employer Address field is mandatory.***

Residence of Person Fingerprinted

Residence of Person Fingerprinted
Enter the current address of the subject.

Date Fingerprinted
/ /

Date Fingerprinted - *MANDATORY*
Enter the eight digit numeric date fingerprinted. The format should be MM/DD/CCYY.

Custodial Received Status Code: 421

Custodial Received Status Code - *MANDATORY*

For Custodial fingerprint cards, the custodial received status code will always be the status code of "421". This is already preprinted on *Copies 1* and *4*. *Copy 4* is the copy to be submitted to the BOI without *Copies 2* or *3* attached. *Copies 2* and *3* are Custodial Status Changes and should have their own custodial status change codes marked by circling the appropriate status on the bottom prior to submitting them to the BOI.

Date Received: / /

Date Received - *MANDATORY*

Enter an eight digit date received. The format should be MM/DD/CCYY.

Agency ORI Received From

IL							

Agency ORI Received From - *MANDATORY*

The ORI is seven characters in length and must be preceded by the letters IL. Example: IL0160000 (IL is preprinted on the form.) The ORI field should contain the Agency ORI from which the inmate was transferred. This will be the county sheriff's department ORI in most cases.

Deemed Sexually Dangerous ☐ (Yes)

Deemed Sexually Dangerous

This field should only be used when the court has ordered a subject to be held by the Department of Corrections due to being deemed sexually dangerous. This field should not be checked merely because an inmate is serving a sentence term for a sexually orientated offense.

Count

Count - *MANDATORY*

Place the appropriate three digit count number in this field. Example: Count 1 would be 001, Count 2 would be 002, etc.

Statute Citation / AOIC Code

Statute Citation/AOIC Code - *MANDATORY*

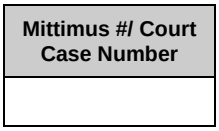
Enter the appropriate statute citation for which the subject was arrested. If the statute citation provided is an ILCS statute, it must be submitted in the proper format. Example: 720 ILCS 5.0/16-1-A. **Do not send both a statute citation code and AOIC code. This will cause the submission to result in an error status.**

CSAOD

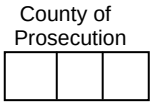
CSAOD - Inchoate Offense - *MANDATORY*

Only enter in one of the following codes: "C" for conspiracy, "S" for solicitation, "A" for attempt, "O" for offense cited or unknown, or "D" for drug conspiracy.

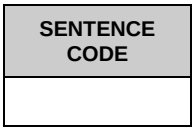
Charge Penalty Class - *MANDATORY*
Enter the valid penalty class code (see *Appendix B: Code Tables*).



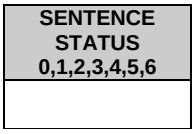
Mittimus #/Court Case Number:
Enter the subject's mittimus/court case number.



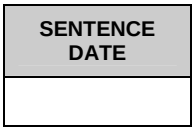
County of Prosecution
Enter a three digit numeric identifier in this field. The valid values in this field must be 001 through 102 as listed on the county code sheet (see *Appendix B: Code Tables*).



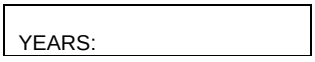
Sentence Code - *MANDATORY*
Place the appropriate three digit sentence code in this field. Example: 201 Imprisonment, or 301 Fine (see *Appendix B: Code Tables*).



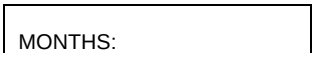
Sentence Status Code - *MANDATORY*
Enter the appropriate sentence status: "1" - Sentence in Force, "2" - Waived, "3" - Suspended, "4" - Suspended in Part, "5" - Concurrent, "6" - Consecutive.



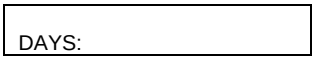
Sentence Date- *MANDATORY*
Enter an eight digit sentence date. The format should be MM/DD/CCYY.



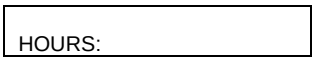
Years
Enter the appropriate number of years if a year term was issued.



Months
Enter the appropriate number of months if a month term was issued. This field can be used up to 12 months.



Days
Enter the appropriate number of days if a day term was issued. This field can be used up to 365 days.



Hours
Enter the appropriate number of hours if an hour term was issued.

STATUS	CODE
ABSCONDED	401
DECEASED	408
DISCHARGED	409

Custodial Status Change Information (For Custodial Status Change Use Only) - *MANDATORY*

This part of the form should only be completed when a change in status of an inmate occurs. *Copies 2* or *3* are then to be submitted to the BOI. The appropriate status should be circled. ***This is a mandatory field for Custodial Status Changes Only (Copies 2/3).***

Form Distribution

The Submitting Agency *Copy 1* should be maintained by the submitting agency for their records. The Custodial Status Change *Copies 2* and *3* should be forwarded to the Bureau of Identification at the address below as status changes occur. The Bureau of Identification *Copy 4* should be forwarded to:

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4072

Errors

Errors that are returned to the submitting agency are to be corrected by the submitting agency and returned to the Bureau of Identification. Error corrections must be made on the appropriate copy, not the error notification form.

Chapter 13 Fingerprint Inquiry Card

Fingerprint Inquiry Card **Form # ISP 6-647**

The Fingerprint Inquiry Card is used by ***criminal justice agencies only*** when positive identification is required. **Please type or print using ink (do not use pencil).** You are reminded that a Fingerprint Inquiry Card is only an inquiry and will not post to a subject's criminal record.

If your agency has live scan capabilities, you must utilize the Fingerprint Inquiry process for immediate fingerprint checks. Faxes received for prints submitted via live scan will not be processed.

The instructions listed below follow the field format of the Fingerprint Inquiry card. Failure to complete all required fields which are marked in ***bold*** on the Fingerprint Inquiry card and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed.

Submitting Agency ORI – NCIC

IL							

Submitting Agency ORI-NCIC - *MANDATORY*

The ORI - NCIC is seven characters in length and must be preceded by the letters IL. Example: IL0160000 (IL is preprinted on the form.) The ORI should be that of the requesting agency, not the submitting agency, as this may be different.

Transaction Control Number

FRMXXXXL99999999

Transaction Control Number (TCN) - *MANDATORY*

Paper form: The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code format. This bar code will be used to scan the fingerprint cards into the Automatic Fingerprint Identification System (AFIS).

Live scan: Live scan machines will assign this number automatically, using the device identifier assigned to the machine (typically beginning with "LS") and a number from the provided DCN range. DCN ranges **must not** be recycled. To request a new range of DCN numbers, submit an email request to livescan@isp.state.il.us. Include the agency ORI, the device identifier of the live scan machine (typically beginning with the prefix "LS"), and the number of DCN numbers needed.

Subjects Last Name

Subjects Last Name - *MANDATORY*

The subject's last name should be entered into this field. Hyphenated names should include the dash between names. If

there is a space in the last name, enter it as one name. For example, O'Brian would be OBrian or Van Dyke would be VanDyke. Do not enter any other special characters such as apostrophes. If the subject's last name is unknown, you must enter "unknown".

First Name

First Name

The subject's first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter any other special characters such as apostrophes.

Middle Name/Suffix

Middle Name/Suffix

Enter the subject's middle name and/or suffix in this field, suffix meaning II, III, Jr. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the middle name field.

Date of Birth

Date of Birth (DOB) - *MANDATORY*

Enter an eight digit date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.

State Identification Number

IL

State Identification Number (SID)

If known, enter the SID number. The SID number contains eight numeric digits with the last digit being zero or one. Do not enter out of state SID numbers in this field. IL is preprinted on the form. If the known SID does not meet this criterion, do not enter the SID into this field.

Chicago IR #

Chicago IR (Internal Rapsheet number)

Enter the subject's IR number if known. The IR number should be preceded by the alpha characters IR.

FBI #

FBI Number

Enter the subject's FBI number if known.

Sex

Sex - *MANDATORY*

Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Race

Race - *MANDATORY*

Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Social Security Number

Social Security Number (SSN)

Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.

Drivers License Number

Drivers License Number (DLN)
Enter the subject's driver's license number if known.

DL State

Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.

Date Fingerprinted
/ /

Date Fingerprinted - *MANDATORY*
Enter the eight digit date fingerprinted. The format should be MM/DD/CCYY.

Submit Fingerprints to FBI (Yes) (No)

Submit Fingerprints to FBI – *MANDATORY*
If an FBI check is also needed, check the "Yes" box. If an FBI check is not needed, check the "No" box. If the field is left blank, the fingerprints will not be forwarded to the FBI.

Requestors Name

Requestors Name
Enter the name of the individual requesting this information.

Alias Last Name

Alias Last Name
Last name rules apply to this field.

First Name

Alias First Name
First names rules apply to this field.

Middle Name/Suffix

Alias Middle Name
Middle name rules apply to this field.

Alias Date of Birth

Alias Date of Birth
Date of birth rules apply to this field.

Form Distribution

This form should be forwarded to the Bureau of Identification at the address below.

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4072

Errors

Errors that are returned are to be corrected by the submitting agency and returned to the Bureau of Identification. Error corrections must be made on the Fingerprint Inquiry Card, not the error notification form.

Chapter 14 Criminal Justice Applicant Fingerprint Card

Form # ISP 6-409

The Criminal Justice Applicant fingerprint card is be used by ***criminal justice agencies*** when an individual is applying to work at a criminal justice facility. **Please type or print using ink (do not use pencil).** All Criminal Justice Applicant fingerprint cards are maintained on file with the Bureau of Identification.

The instructions listed below follow the field format of the Criminal Justice Applicant card. Failure to complete all required fields which are marked in ***bold*** on the Criminal Justice Applicant card and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed.

Document Control Number

L99999999

Document Control Number (DCN) - *MANDATORY*

Paper form: The DCN is a preprinted number located at the top left-hand corner of the form. Each form has a unique DCN number and therefore all inquiries must be submitted on an *original* form.

Live scan: A range of numbers is provided to the agency and should auto-populate on the live scan submission. DCN ranges **must not** be recycled. To request a new range of DCN numbers, submit an email request to livescan@isp.state.il.us. Include the agency ORI, the device identifier of the live scan machine (typically beginning with the prefix "LS"), and the number of DCN numbers needed.

Submitting Agency ORI – NCIC

IL							

Submitting Agency ORI-NCIC - *MANDATORY*

The ORI - NCIC is seven characters in length and must be preceded by the letters IL. Example: IL0160000 (IL is preprinted on the form.) The ORI should be that of the requesting agency, not the submitting agency, as this may be different.

Transaction Control Number

FRMXXXXL99999999

Transaction Control Number (TCN) - *MANDATORY*

Paper form: The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code format. This bar code will be used to scan the fingerprint cards into the Automatic Fingerprint Identification System (AFIS).

Live scan: Live scan machines will assign this number automatically, using the device identifier assigned to the machine (typically beginning with "LS") and the DCN.

Subjects Last Name

Subjects Last Name - *MANDATORY*

The subject's last name should be entered into this field. Hyphenated names should include the dash between names. If there is a space in the last name, enter it as one name. For example, O'Brian would be OBrian or Van Dyke would be VanDyke. Do not enter any other special characters such as apostrophes. If the subject has only one name, it must go in the Last Name field.

First Name

First Name

The subject's first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter any other special characters such as apostrophes.

Middle Name/Suffix

Middle Name/Suffix

Enter the subject's middle name and/or suffix in this field, suffix meaning II, III, Jr. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the middle name field.

Date of Birth

Date of Birth (DOB) - *MANDATORY*

Enter an eight character date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.

Place of Birth

Place of Birth (POB) - *MANDATORY*

The place of birth must be a valid two alpha character NCIC standard code (see *Appendix B: Code Tables*). If the place of birth is unknown, place the alpha characters "YY" in this field.

State Identification Number

IL

State Identification Number (SID)

If known, enter the SID number. The SID number contains eight numeric digits with the last digit being zero or one. Do not enter out of state SID numbers in this field. IL is preprinted on the form. If the known SID does not meet this criterion, do not enter the SID into this field.

FBI #

FBI Number

Enter the subject's FBI number if known.

Sex

Sex - *MANDATORY*

Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Race

Race - *MANDATORY*

Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Height

Height - *MANDATORY*
Enter a three digit height. If the height is 6'2", enter it as 602. Enter 000 if height is unknown. Omit fractions in this field. The first character, expressing feet, must be 4, 5, 6, or 7, and the second and third characters, expressing inches, must be between 00 and 11.

Weight

Weight - *MANDATORY*
Enter a three digit weight. If the weight is 92 pounds, enter it as 092. Omit fractions in this field. Enter 000 if the weight is unknown. The weight must be between 50 and 499.

Hair

Hair - *MANDATORY*
Enter a valid hair code (see *Appendix B: Code Tables*).

Eye

Eye - *MANDATORY*
Enter a valid eye code (see *Appendix B: Code Tables*).

Skin

Skin
Enter a valid skin code (see *Appendix B: Code Tables*).

Social Security Number

Social Security Number (SSN)
Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.

Drivers License Number

Drivers License Number (DLN)
Enter the subject's driver's license number if known.

DL State

Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.

FOID #

FOID # - Firearm Owners ID Card number
Enter the subject's FOID card number if known.

Certificate License Number

Certificate License Number
Enter the subject's Certificate License Number if one exists.

Subject's Maiden Last Name

Subject's Maiden Last Name
Last name rules apply to this field.

First Name

First Name
First name rules apply to this field.

Middle Name/Suffix

Middle Name/Suffix
Middle name/suffix rules apply to this field.

MISC #

MISC # - Miscellaneous Number
Enter the miscellaneous number if known (see *Appendix B: Code Tables)*. If the miscellaneous number does not begin with an alpha character prefix, leave blank.

Residence of Person Fingerprinted

Residence of Person Fingerprinted
Enter the current address of the subject.

Date Fingerprinted
/ /

Date Fingerprinted - *MANDATORY*
Enter the eight digit date fingerprinted. The format should be MM/DD/CCYY.

Submit Fingerprints to FBI (Yes) (No)

Submit Fingerprints to FBI - *MANDATORY*
If an FBI check is also needed, check the "Yes" box. If an FBI check is not needed, check the "No" box. If the field is left blank, the fingerprints will not be forwarded to the FBI.

Purpose Applicant Fingerprinted

Purpose Applicant Fingerprinted - *MANDATORY*
Enter "CJE" for criminal justice employee. Enter "DSP" for Department of State Police employee. These purpose codes are also listed on the reverse side of the Criminal Justice Applicant fingerprint card.

Requestor's Name

Requestor's Name
Enter the name of the individual requesting this information.

Form Distribution

This form should be forwarded to the Bureau of Identification at the address below.

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4072

Errors

Errors that are returned are to be corrected by the submitting agency and returned to the Bureau of Identification. Error corrections must be made on the Criminal Justice Applicant fingerprint card, not the error notification form.

Chapter 15 Death Notice Fingerprint Card

Form # ISP 6-411

The Death Notice fingerprint card should be used by ***criminal justice agencies only*** to identify or notify the BOI of a deceased subject. **Please type or print using ink (do not use pencil).**

Only fingerprint based Death Notice fingerprint cards will be allowed to report deaths. Non-fingerprint forms such as a death certificate or obituaries should not be submitted.

The instructions listed below follow the field format of the Death Notice fingerprint card. Failure to complete all required fields which are marked in ***bold*** on the Death Notice fingerprint card and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed.

Document Control Number

L99999999

Document Control Number (DCN) - *MANDATORY*

The DCN is a preprinted number located at the top left-hand corner of the form. Each form has a unique DCN number and therefore all inquiries must be submitted on an *original* form.

Submitting Agency ORI – NCIC

IL							

Submitting Agency ORI-NCIC - *MANDATORY*

The ORI - NCIC is seven characters in length and must be preceded by the letters IL. Example: IL0160000 (IL is preprinted on the form.)

Transaction Control Number

FRMXXXXL99999999

Transaction Control Number (TCN) - *MANDATORY*

The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code format. This bar code will be used to scan the fingerprint cards into the Automatic Fingerprint Identification System (AFIS).

Subjects Last Name

Subjects Last Name - *MANDATORY*

The subject's last name should be entered into this field. Hyphenated names should include the dash between names. If there is a space in the last name, enter it as one name. For example, O'Brian would be OBrian or Van Dyke would be VanDyke. Do not enter any other special characters such as apostrophes. If the subject's last name is unknown, you must enter "unknown".

First Name

First Name
The subject's first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter any other special characters such as apostrophes.

Middle Name/Suffix

Middle Name/Suffix
Enter the subject's middle name and/or suffix in this field, suffix meaning II, III, Jr. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the middle name field.

Date of Birth

Date of Birth (DOB) - *MANDATORY*
Enter an eight digit date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.

Place of Birth

Place of Birth (POB) - *MANDATORY*
The place of birth must be a valid two alpha character NCIC standard code (see *Appendix B: Code Tables*). If the place of birth is unknown, place the alpha characters "YY" in this field.

State Identification Number
IL

State Identification Number (SID)
If known, enter the SID number. The SID number contains eight numeric digits with the last digit being zero or one. Do not enter out of state SID numbers in this field. IL is preprinted on the form. If the known SID does not meet this criterion, do not enter the SID into this field.

Chicago IR #

Chicago IR (Internal Rapsheet number)
Enter the subject's IR number if known. The IR number should be preceded by the alpha characters IR.

FBI #

FBI Number
Enter the subject's FBI number if known.

Sex

Sex - *MANDATORY*
Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Race

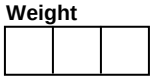
Race - *MANDATORY*
Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Height

Height - *MANDATORY*
Enter a three digit height. If the height is 6'2", enter it as 602. Enter 000 if height is unknown. Omit fractions in this field. The first character, expressing feet, must be 4, 5, 6, or 7, and the

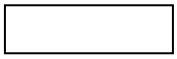
second and third characters, expressing inches, must be between 00 and 11.

Weight



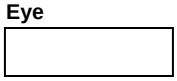
Weight - *MANDATORY*
Enter a three digit weight. If the weight is 92 pounds, enter it as 092. Omit fractions in this field. Enter 000 if the weight is unknown. The weight must be between 50 and 499.

Hair



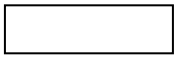
Hair - *MANDATORY*
Enter a valid hair code (see *Appendix B: Code Tables*).

Eye



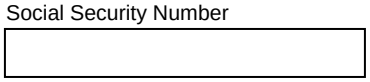
Eye - *MANDATORY*
Enter a valid eye code (see *Appendix B: Code Tables*).

Skin



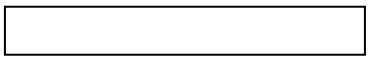
Skin
Enter a valid skin code (see *Appendix B: Code Tables*).

Social Security Number



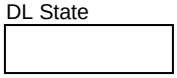
Social Security Number (SSN)
Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.

Drivers License Number



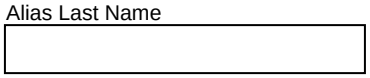
Drivers License Number (DLN)
Enter the subject's driver's license number if known.

DL State



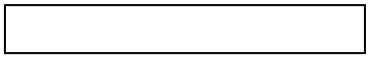
Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.

Alias Last Name



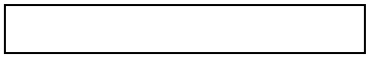
Alias Last Name
Last name rules apply to this field.

First Name



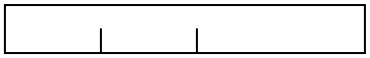
Alias First Name
First name rules apply to this field.

Middle Name/Suffix



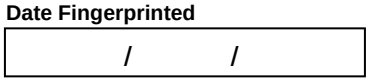
Alias Middle Name
Middle name rules apply to this field.

Alias Date of Birth



Alias Date of Birth
Date of birth rules apply to this field.

Date Fingerprinted



Date Fingerprinted - *MANDATORY*
Enter the eight digit date fingerprinted. The format should be MM/DD/CCYY.

Date Deceased: / /

Date Deceased - *MANDATORY*

Enter the eight digit date deceased. The format should be MM/DD/CCYY. If the date of the deceased is unknown, use the date fingerprinted.

Form Distribution

This form should be forwarded to the Bureau of Identification at the address below.

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4072

Errors

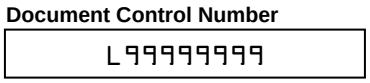
Errors that are returned are to be corrected by the submitting agency and returned to the Bureau of Identification. Error corrections must be made on the Death Notice fingerprint card, not the error notification form.

Chapter 16 Access & Review Fingerprint Card

Form # ISP 6-408

The Access and Review fingerprint card is used by ***criminal justice agencies*** when an individual is requesting a review of their criminal history regardless of conviction status. **Please type or print using ink (do not use pencil).**

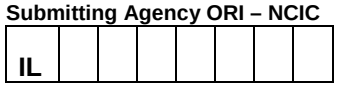
The instructions listed below follow the field format of the Access and Review fingerprint card. Failure to complete all required fields which are marked in ***bold*** on the Access and Review fingerprint card and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed.



Document Control Number (DCN) - *MANDATORY*

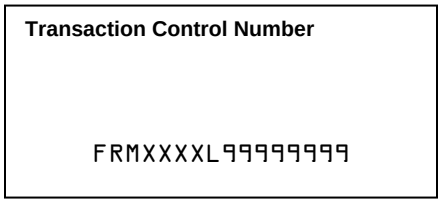
Paper form: The DCN is a preprinted number located at the top left-hand corner of the form. Each form has a unique DCN number and therefore all inquiries must be submitted on an *original* form.

Live scan: A range of numbers is provided to the agency and should auto-populate on the live scan submission. DCN ranges **must not** be recycled. To request a new range of DCN numbers, submit an email request to livescan@isp.state.il.us. Include the agency ORI, the device identifier of the live scan machine (typically beginning with the prefix "LS"), and the number of DCN numbers needed.



Submitting Agency ORI-NCIC - *MANDATORY*

The ORI - NCIC is seven characters in length and must be preceded by the letters IL. Example: IL0160000 (IL is preprinted on the form.) The ORI should be that of the requesting agency, not the submitting agency, as this may be different.



Transaction Control Number (TCN) - *MANDATORY*

Paper form: The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code format. This bar code will be used to scan the fingerprint cards into the Automatic Fingerprint Identification System (AFIS).

Live scan: Live scan machines will assign this number automatically, using the device identifier assigned to the machine (typically beginning with "LS") and the DCN.

Subjects Last Name

Subjects Last Name - *MANDATORY*
The subject's last name should be entered into this field. Hyphenated names should include the dash between names. If there is a space in the last name, enter it as one name. For example, O'Brian would be OBrian or Van Dyke would be VanDyke. Do not enter any other special characters such as apostrophes. If the subject's last name is unknown, you must enter "unknown".

First Name

First Name
The subject's first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter any other special characters such as apostrophes.

Middle Name/Suffix

Middle Name/Suffix
Enter the subject's middle name and/or suffix in this field, suffix meaning II, III, Jr. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the middle name field.

Date of Birth

Date of Birth (DOB) - *MANDATORY*
Enter an eight digit date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.

Place of Birth

Place of Birth (POB) - *MANDATORY*
The place of birth must be a valid two alpha character NCIC standard code (see *Appendix B: Code Tables*). If the place of birth is unknown, place the alpha characters "YY" in this field.

State Identification Number

IL

State Identification Number (SID)
If known, enter the SID number. The SID number contains eight numeric digits with the last digit being zero or one. Do not enter out of state SID numbers in this field. IL is preprinted on the form. If the known SID does not meet this criterion, do not enter the SID into this field.

Chicago IR #

Chicago IR (Internal Rapsheet number)
Enter the subject's IR number if known. The IR number should be preceded by the alpha characters IR.

FBI #

FBI Number
Enter the subject's FBI number if known.

Sex

Sex - *MANDATORY*
Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Race

Race - *MANDATORY*
Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use “U” for unknown.

Height

Height - *MANDATORY*
Enter a three digit height. If the height is 6'2", enter it as 602. Enter 000 if height is unknown. Omit fractions in this field. The first character, expressing feet, must be 4, 5, 6, or 7, and the second and third characters, expressing inches, must be between 00 and 11.

Weight

Weight - *MANDATORY*
Enter a three digit weight. If the weight is 92 pounds, enter it as 092. Omit fractions in this field. Enter 000 if the weight is unknown. The weight must be between 50 and 499.

Hair

Hair - *MANDATORY*
Enter a valid hair code (see *Appendix B: Code Tables*).

Eye

Eye - *MANDATORY*
Enter a valid eye code (see *Appendix B: Code Tables*).

Skin

Skin
Enter in a valid skin code (see *Appendix B: Code Tables*).

Social Security Number

Social Security Number (SSN)
Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.

Drivers License Number

Drivers License Number (DLN)
Enter the subject’s driver’s license number if known.

DL State

Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.

Alias Last Name

Alias Last Name
Last name rules apply to this field.

First Name

Alias First Name
First name rules apply to this field.

Middle Name/Suffix

Alias Middle Name
Middle name rules apply to this field.

Alias Date of Birth

Alias Date of Birth
Date of birth rules apply to this field.

Agency Case Number

Agency Case Number - *MANDATORY*
Enter an agency case number. If the agency case number is unknown, enter "X" in this field.

Date Fingerprinted
/ /

Date Fingerprinted - *MANDATORY*
Enter the eight digit date fingerprinted. The format should be MM/DD/CCYY.

Requesting Officers Name

Requesting Officers Name
Enter the name of the Officer requesting this information.

Form Distribution

This form should be forwarded to the Bureau of Identification at the address below.

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4072

Errors

Errors that are returned are to be corrected by the agency and returned to the Bureau of Identification. Error corrections must be made on the Access & Review Fingerprint Card, not the error notification form.

ACCESS AND REVIEW PROCEDURES

The Access and Review process was established to allow individuals to review their Illinois criminal history record and provides a means to challenge the accuracy of any information contained on the record. The following procedures describe how an individual can obtain a copy of their Illinois record. The complete version of Illinois Administrative Rules pertaining to the Right of Access and Review are located at www.ilga.gov.

The procedure for conducting an Access and Review inquiry to review Illinois criminal records is as follows:

- Any individual may request any law enforcement agency or correctional facility to initiate a fingerprint based inquiry to the Illinois State Police for the purpose of allowing the individual to access their state criminal history record transcript. This process can not be used to obtain a criminal history record transcript for licensing or employment purposes. Title 20 Part 1210 of the Illinois Administrative Code requires law enforcement agencies and correctional facilities within Illinois to facilitate Access and Review inquiries upon request. Such requests must be made during the agency's regular business hours.

- In response to a request, the law enforcement agency or correctional facility is required to obtain fingerprints from the individual along with other identification information, and submit it within 30 days to the Illinois State Police on an Access and Review fingerprint card provided by the Illinois State Police.

- Within 60 days after receiving the Access and Review form, the Illinois State Police is required to provide the law enforcement agency or correctional facility with a copy of the individual's complete Illinois criminal history transcript or, if no criminal history record is found, a written statement so stating. If a criminal history transcript is disseminated to the law enforcement agency or correctional facility, it will contain all conviction as well as non-conviction information reported to the Illinois State Police regarding the individual.

- Once the Access and Review fingerprint form is processed, the Illinois State Police will forward a copy of the individual's criminal history transcript to the law enforcement agency or correctional facility. The criminal history transcript will be accompanied by a Record Challenge form which the individual can complete and return to the Illinois State Police to request corrections or modifications be made to the criminal history record.

- The law enforcement agency or correctional facility is required to contact the individual and allow the individual to view their criminal history transcript at the facility only. Individuals exercising their right to Access and Review their criminal history record are not permitted to leave the law enforcement agency or correctional facility with their criminal history transcript unless it has been redacted to exclude all identifiers and references to the individual. This will prevent the use of the transcript for employment or licensing purposes.

- After receiving the Record Challenge form, the Illinois State Police will provide a written response informing the individual of any action taken to correct the individual's criminal history record. If it is determined that no corrections are to be made, a statement to that fact will be provided to the individual.

The Illinois State Police does not charge a fee for processing Access and Review or Record Challenge submissions. However, police agencies and correctional facilities are permitted to charge a nominal fee to cover their costs for facilitating Access and Review requests.

RECORD CHALLENGE FORM

This form will accompany the response to the Access and Review request. This form is generated by the BOI and is to be used by the requestor to record items in their criminal history record they wish to challenge. The contents of the form will contain sufficient information to identify the individual and the transaction referred to. Adequate space will be provided for the individual to record the facts of the challenge. This form will not accompany a "no record" response from the processing of the Access and Review fingerprint card search.

ADMINISTRATIVE REVIEW FORM

This form will accompany the response to the Record Challenge request. This form is generated by the BOI and is to be used by the requestor to file an administrative review request. The contents of the form will contain sufficient information to identify the individual, the transaction referred to, and a statement by the individual regarding the proposed corrections. Administrative Review forms are handled by the Illinois Criminal Justice Information Authority.

Form Distribution

Forms should be forwarded to the Illinois Criminal Justice Information Authority at the address below.

Illinois Criminal Justice Information Authority
300 West Adams
7th Floor
Chicago, Illinois 60606

ADMINISTRATIVE APPEAL COMPLAINT FORM

This form will accompany the response to the Administrative Review request from the Illinois Criminal Justice Information Authority to file an administrative appeal complaint. The contents of this form will contain sufficient information to identify the individual, the transaction referred to, and a brief statement by the individual regarding the facts of the complaint.

Chapter 17 Criminal History Background Investigation Criminal Justice, Non-Fingerprint Form

Form # ISP 6-406

The Criminal Justice Non-Fingerprint Name Inquiry form is used by ***criminal justice agencies*** when a background investigation is being performed on an individual for criminal justice purposes only. **Please type or print using ink (do not use pencil).** This form contains unique identifiers and *must not* be duplicated.

The instructions listed below follow the field format of the Criminal History Background Investigation Criminal Justice Non-Fingerprint Name Inquiry Form. Failure to complete all required fields which are marked in ***bold*** on the form and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed.

Transaction Control Number

FRMXXXXL99999999

Transaction Control Number (TCN) - *MANDATORY*

The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code format.

Submitting Agency ORI – NCIC

IL							

Submitting Agency ORI-NCIC - *MANDATORY*

The ORI is seven characters in length and must be preceded by the letters IL. Example: IL0160000 (IL is preprinted on the form.)

Subject's Last Name

Subject's Last Name - *MANDATORY*

The subject's last name should be entered into this field. Hyphenated names should include the dash between names. If there is a space in the last name, enter it as one name. For example, O'Brian would be OBrian or Van Dyke would be VanDyke. Do not enter any other special characters such as apostrophes. If the subject's last name is unknown, you must enter "unknown".

First Name

First Name

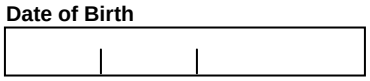
The subject's first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter any other special characters such as apostrophes.

Middle Name

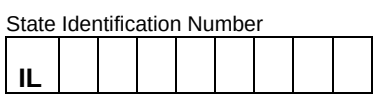
Middle Name

Enter the subject's middle name or middle initial. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the

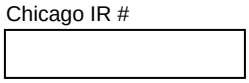
middle name field.



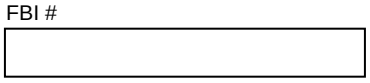
Date of Birth (DOB) - *MANDATORY*
Enter an eight digit date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.



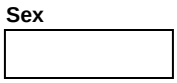
State Identification Number (SID)
If known, enter the SID number. The SID number contains eight numeric digits with the last digit being zero or one. Do not enter out of state SID numbers in this field. IL is preprinted on the form. If the known SID does not meet this criterion, do not enter the SID into this field.



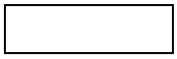
Chicago IR (Internal Rapsheet number)
Enter the subject's IR number if known. The IR number should be preceded by the alpha characters IR.



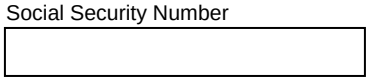
FBI Number
Enter the subject's FBI number if known.



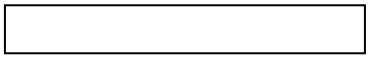
Sex - *MANDATORY*
Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.



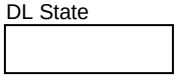
Race - *MANDATORY*
Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.



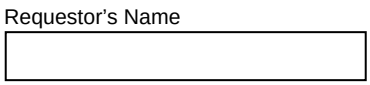
Social Security Number (SSN)
Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.



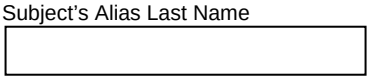
Drivers License Number (DLN)
Enter the subject's driver's license number if known.



Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.



Requestor's Name
Enter the name of the individual requesting this information.



Alias Last Name
Last name rules apply to this field.

First Name

Alias First Name
First name rules apply to this field.

Middle Name/Suffix

Alias Middle Name
Middle name rules apply to this field.

Alias Date of Birth

Alias Date of Birth
Date of birth rules apply to this field.

Signature of Subject: _____.

Signature of Subject
Have the subject for whom the background investigation is being performed sign their signature in this field.

Date: ____/____/_____.

Date
Enter the date the subject signed the form.

Form Distribution

This form should be forwarded to the Bureau of Identification at the address below.

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4072

Errors

Errors that are returned are to be corrected by the submitting agency and returned to the Bureau of Identification. Error corrections must be made on the inquiry form itself, not the error notification form.

A name based criminal history record check will be performed based on the personal identifiers submitted pertaining to the subject. Please note, however, that a "no record" response from the ISP does not ensure that CHRI does not exist under personal identifiers for the individual in question. Conversely, a "record" response does not ensure that the record belongs to the subject in question. It is common for criminal offenders to use false or alias names and dates of birth which may not be detected by a name based request. To ensure that the information furnished by the ISP positively pertains to the individual in question, a Fingerprint Inquiry card (#ISP6-647) should be submitted. Fingerprints are the only positive means of identification.

Chapter 18 Sex Offender Registration

When a person registers as a sex offender with their local police agency, their fingerprints should be submitted on an arrest fingerprint card with the statute citation 730 ILCS 150.0/1 used and "Sex Offender Registrant" noted on the card. These registrant fingerprint cards should be submitted to the Bureau of Identification to the attention of the SOR/NICS Unit. This unit acts as the BOI Sex Offender Registration (SOR) liaison for the SOR Unit in Springfield and will ensure that these fingerprint cards are posted to the CHRI database.

Submitting an arrest card for a sex related offense at the time of arrest does not register the person as a sex offender. Agencies must initiate the registration separate from the original arrest transaction and vice versa. Submitting a sex offender registration fingerprint card does not initiate the posting of a sex offender arrest to the individual's rap sheet. Both must be reported on individual fingerprint cards to accurately reflect the arrest and the registration on the individual's rap sheet.

Sex offender registration cards can be submitted via live scan using the Arrest fingerprint card format and the appropriate statute citation 730 ILCS 150.0/1.

Chapter 19 Fee Applicant Fingerprint Card

Form # ISP 6-404

Fee Applicant fingerprint cards are criminal history record information requests authorized by Illinois Compiled Statutes for the purpose of licensing or employment screening. Requests of this type can be used to access both state and FBI criminal history information. Fee Applicant fingerprint submissions are retained on the state CHRI database. This facilitates subsequent automatic notifications to agencies when there has been a significant change to an individual's criminal history record. Subsequent notifications are provided at no additional cost to the requestor. **Please type or print using ink (do not use pencil).** Appropriate processing fees are listed in *Appendix A: Fee Schedules*.

Public Act 93-0909 went into effect on August 12, 2004 that eliminates the use of Criminal History Background Investigation Request Form for Illinois School Employment this form, requiring all school criminal history checks to be done using Fee Applicant fingerprint cards only.

The instructions listed below follow the field format of the Fee Applicant fingerprint card. Failure to complete all required fields which are marked in ***bold*** on the form and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed.

Document Control Number

L99999999

Document Control Number (DCN) - *MANDATORY*

Paper form: The DCN is a preprinted number located at the top left-hand corner of the form. Each form has a unique DCN number and therefore all inquiries must be submitted on an *original* form.

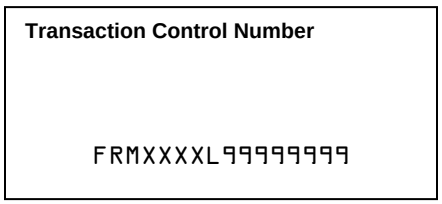
Live scan: A range of numbers is provided to the agency and should auto-populate on the live scan submission. DCN ranges **must not** be recycled. To request a new range of DCN numbers, submit an email request to livescan@isp.state.il.us. Include the agency ORI, the device identifier of the live scan machine (typically beginning with the prefix "LS"), and the number of DCN numbers needed.

Submitting Agency ORI – NCIC

IL							

Submitting Agency ORI-NCIC - *MANDATORY*

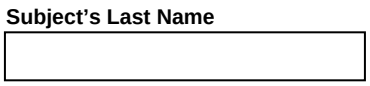
The ORI - NCIC is seven characters in length and must be preceded by the letters IL. Example: IL0160000 (the IL is preprinted on the form). The ORI should be that of the requesting agency, not the submitting agency, as this may be different.



Transaction Control Number (TCN) - *MANDATORY*

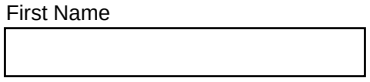
Paper form: The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code format. This bar code will be used to scan the fingerprint cards into the Automatic Fingerprint Identification System (AFIS).

Live scan: Live scan machines will assign this number automatically, using the device identifier assigned to the machine (typically beginning with "LS") and the DCN.



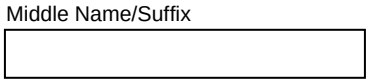
Subject's Last Name - *MANDATORY*

The subject's last name should be entered into this field. Hyphenated names should include the dash between names. If there is a space in the last name, enter it as one name. For example, O'Brian would be OBrian or Van Dyke would be VanDyke. Do not enter any other special characters such as apostrophes. If the subject's last name is unknown, you must enter "unknown".



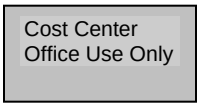
First Name

The subject's first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter any other special characters such as apostrophes.



Middle Name/Suffix

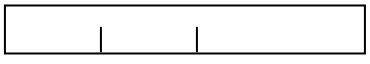
Enter the subject's middle name and/or suffix in this field, suffix meaning II, III, Jr. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the middle name field.



Cost Center (Office Use Only)

The three or four character number assigned to an agency that has a draw-down account. If payment is not enclosed with the fingerprint card, the cost center number must be entered.

Live scan: If utilizing live scan, a vendor can choose to utilize the requesting agency's cost center if they have one or if the subject will be paying the vendor, the vendor's cost center should be used.



Date of Birth (DOB) - *MANDATORY*

Enter an eight digit date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.

Place of Birth

Place of Birth (POB) - *MANDATORY*
The place of birth must be a valid two alpha character NCIC standard code (see *Appendix B: Code Tables*). If the place of birth is unknown, place the alpha characters "YY" in this field.

State Identification Number (if applicable)
IL

State Identification Number (SID)
If known, enter the SID number. The SID number contains eight numeric digits with the last digit being zero or one. Do not enter out of state SID numbers in this field. IL is preprinted on the form. If the known SID does not meet this criterion, do not enter the SID into this field.

FBI #

FBI Number
Enter the subject's FBI number if known.

Sex

Sex - *MANDATORY*
Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Race

Race - *MANDATORY*
Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Height

Height - *MANDATORY*
Enter a three digit height. If the height is 6'2", enter it as 602. Enter 000 if height is unknown. Omit fractions in this field. The first character, expressing feet, must be 4, 5, 6, or 7, and the second and third characters, expressing inches, must be between 00 and 11.

Weight

Weight - *MANDATORY*
Enter a three digit weight. If the weight is 92 pounds, enter it as 092. Omit fractions in this field. Enter 000 if the weight is unknown. The weight must be between 50 and 499.

Hair

Hair - *MANDATORY*
Enter a valid hair code (see *Appendix B: Code Tables*).

Eye

Eye - *MANDATORY*
Enter a valid eye code (see *Appendix B: Code Tables*).

Skin

Skin
Enter a valid skin code (see *Appendix B: Code Tables*).

Social Security Number

Social Security Number (SSN)
Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.

Drivers License Number

Drivers License Number (DLN)
Enter the subject's driver's license number if known.

DL State

Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.

FOID #

FOID # - Firearm Owners ID Card number
Enter the subject's FOID card number if known.

Certificate License Number

Certificate License Number
Enter the subject's Certificate License Number if one exists.

Subject's Maiden Last Name

Subject's Maiden Last Name
Last name rules apply to this field.

First Name

First Name
First name rules apply to this field.

Middle Name/Suffix

Middle Name
Middle name rules apply to this field.

MISC #

Miscellaneous Number (MISC #)
Enter the miscellaneous number if known (see *Appendix B: Code Tables*). If the miscellaneous number does not begin with an alpha character prefix, leave blank.

Residence of Person Fingerprinted

Residence of Person Fingerprinted
Enter the current address of the subject.

Date Fingerprinted
/ /

Date Fingerprinted - *MANDATORY*
Enter the eight digit date fingerprinted. The format should be MM/DD/CCYY.

Submit Fingerprints to FBI (Yes) (No)

Submit Fingerprints to FBI - *MANDATORY*
If the fingerprints are to be submitted to the FBI, check the "Yes" box. Otherwise, check the "No" box. If the field is left blank, the fingerprints will not be forwarded to the FBI.

Purpose Applicant Fingerprinted

Purpose Applicant Fingerprinted - *MANDATORY*

Purpose codes for Fee Applicant Cards can be obtained by calling the BOI Customer Support Unit at (815) 740-5160 or via email at boi_customer_support@isp.state.il.us.

Requestor's Name

Requestor's Name

Enter the name of the individual requesting this information.

Form Distribution

This form should be forwarded to the Bureau of Identification at the address below.

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4072

Errors

Errors that are returned are to be corrected by the submitting agency and returned to the Bureau of Identification. Error corrections must be made on the Fee Applicant Card, not the error notification form.

Chapter 20 Conviction Information Request (CIR) Fingerprint Card

CIR (Conviction Information Request) Fingerprint Card **Form # ISP 6-404B**

The Conviction Information Request form can be used by any individual or agency to obtain fingerprint based conviction information about a person for any purpose. On January 1, 1991, the Uniform Conviction Information Act (UCIA) became law in Illinois. This act mandates that all criminal history record conviction information collected and maintained by the Illinois State Police, Bureau of Identification, be made available to the public pursuant to 20 ILCS 2635/1 et seq. This UCIA form permits positive fingerprint based conviction information to be disseminated to the public. **Please type or print using ink (do not use pencil).**

Requests for conviction information are to be made according to the following instructions. Failure to properly complete all required fields on the form resulting in an error, will require an additional fee upon resubmission.

- The requester must complete a UCIA form for each conviction record requested. Maiden names may be included on the fingerprint based forms but are not permitted on name based forms. Maiden names must be submitted separately when using a name based search.

- Each request must contain the requester's complete return address.

- The individual named in the request may initiate proceedings to challenge or correct a record furnished by the Illinois State Police by contacting the BOI.

- The subsequent dissemination of conviction information furnished by the Illinois State Police is permitted only for the 30 day period immediately following receipt of the information.

- The subject's complete and accurate name, sex, race, and date of birth are required in order to check the Illinois criminal history record files. Without this information, the search of the Illinois criminal history record files could be adversely affected.

- Do not include or attach other correspondence.

If the request is for employment or licensing purposes, the following additional instructions apply:

- Pursuant to 20 ILCS 2635/7, a requester must maintain on file for a minimum of 2 years a release signed by the individual to whom the information request pertains.

- The requester must provide the individual named in the request with a copy of the response furnished by the Illinois State Police.

- Within seven working days of receipt of such copy, the individual named in the request must notify the BOI as well as the requester if the information furnished is inaccurate or incomplete.

The instructions listed below follow the field format of the Conviction Information Request fingerprint card. Failure to complete all required fields which are marked in ***bold*** on the form and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed.

Document Control Number

L99999999

Document Control Number (DCN) - *MANDATORY*

Paper form: The DCN is a preprinted number located at the top left-hand corner of the form. Each form has a unique DCN number and therefore all inquiries must be submitted on an *original* form.

Live scan: A range of numbers is provided to the agency and should auto-populate on the live scan submission. DCN ranges **must not** be recycled. To request a new range of DCN numbers, submit an email request to livescan@isp.state.il.us. Include the agency ORI, the device identifier of the live scan machine (typically beginning with the prefix "LS"), and the number of DCN numbers needed.

Submitting Agency ORI – NCIC (if applicable)

IL							

Submitting Agency ORI-NCIC - *MANDATORY*

Paper form: This field is used by agencies that have an assigned Originating Requester Identification (ORI) number specifically for requesting a fingerprint inquiry for non-criminal justice purposes. This is a nine character alphanumeric code. Example: IL01600ZS or PS0100000 (IL is preprinted on the form. If your prefix differs from "IL", cross out the letters and handwrite the appropriate prefix.) For those agencies that do not have an ORI, or those that use a live scan vendor, please use ILLUFP000 in this field.

Live scan: This is the agency ORI/NCIC number for the ***requester*** of the criminal history record information. This is not necessarily the sender of the live scan request.

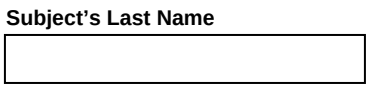
Transaction Control Number

FRMXXXXL99999999

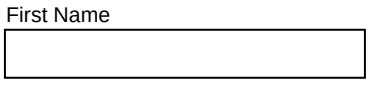
Transaction Control Number (TCN) - *MANDATORY*

Paper form: The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code

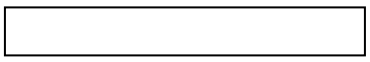
format. This bar code will be used to scan the fingerprint cards into the Automatic Fingerprint Identification System (AFIS).
Live scan: Live scan machines will assign this number automatically, using the device identifier assigned to the machine (typically beginning with "LS") and the DCN.



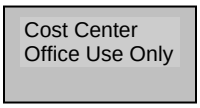
Subject's Last Name - *MANDATORY*
The subject's last name should be entered into this field. Hyphenated names should include the dash between names. If there is a space in the last name, enter it as one name. For example, O'Brian would be OBrian or Van Dyke would be VanDyke. Do not enter any other special characters such as apostrophes. If the subject has only one name, it must go in the Last Name field.



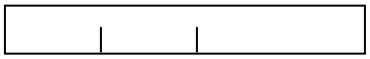
First Name
The subject's first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter any other special characters such as apostrophes.



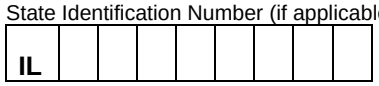
Middle Name/Suffix
Enter the subject's middle name and/or suffix in this field, suffix meaning II, III, Jr. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the middle name field.



Cost Center (Office Use Only)
The three or four character number assigned to an agency that has a draw-down account. If payment is not enclosed with the fingerprint card, the cost center number must be entered.
Live scan: If utilizing live scan, a vendor can choose to utilize the requesting agency's cost center if they have one or if the subject will be paying the vendor, the vendor's cost center should be used.



Date of Birth (DOB) - *MANDATORY*
Enter an eight digit date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.



State Identification Number (SID)
If known, enter the SID number. The SID number contains eight numeric digits with the last digit being zero or one. Do not enter out of state SID numbers in this field. IL is preprinted on the form. If the known SID does not meet this criterion, do not enter the SID into this field.

Sex

Sex - *MANDATORY*
Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Race

Race - *MANDATORY*
Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Social Security Number

Social Security Number (SSN)
Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.

Drivers License Number

Drivers License Number (DLN)
Enter the subject's driver's license number if known.

DL State

Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.

Requestor's Name

Requestor's Name
Enter the name of the individual requesting this information.

Agency/Company Name

Agency/Company Name
Enter the name of the agency or company requesting the information.

Return Address

Street:	City:	State:	Zip:

Return Address - *MANDATORY*
Enter the exact address in which the response to the Conviction Information Request is to be mailed. This address must be a complete mailing address including street number, city, state, and zip, in order to receive the response***. If the mailing address is not complete, the form will not be processed, requiring an additional fee for a new request.***

Foreign State/Country

Foreign State/Country
This field should be completed for any out of country Conviction Information Requests.

Foreign Postal Code

Foreign Postal Code
This field should be completed for any out of country Conviction Information Requests.

Date Fingerprinted
/ /

Date Fingerprinted - *MANDATORY*
Enter the eight digit date fingerprinted. The format should be MM/DD/CCYY.

Licensing or Employment Purpose (Yes) (No)

Licensing or Employment Purposes
Check the box for "Yes" if this request is for licensing or employment purposes. Check the box for "No" if this request is not for licensing or employment purposes. If this field is left blank, it will be assumed that the inquiry is not for licensing or employment purposes.

Subject's Maiden Last Name

Subject's Maiden Last Name
Last name rules apply to this field.

First Name

First Name
First name rules apply to this field.

Middle Name/Suffix

Middle Name/Suffix
Middle name rules apply to this field.

Fee Amount

Fee Amount
Enter the fee amount submitted with this individual request.

Subject's Signature: _____.

Subject's Signature
Have the subject for whom the conviction information request is being performed sign their signature in this field.

Date: ____/____/____.

Date
Enter the date the subject signed the form.

Form Distribution

This form should be forwarded to the Bureau of Identification at the address below.

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4072

WARNING: Any person who intentionally and knowingly requests, obtains, or seeks to obtain conviction information under false pretenses, disseminates inaccurate or incomplete conviction information or violates any other provisions of 20 ILCS 2625/1 may be guilty of a crime punishable by up to one year of imprisonment and/or may incur civil liabilities.

Chapter 21 Uniform Conviction Information Act Name Inquiry

Form # ISP 6-405B

The Uniform Conviction Information Act (UCIA) Name Inquiry form can be used by any individual or agency to obtain non-fingerprint based conviction information about a person for any purpose. On January 1, 1991, the Uniform Conviction Information Act became law in Illinois. This act mandates that all criminal history record conviction information collected and maintained by the Illinois State Police, Bureau of Identification, be made available to the public pursuant to 20 ILCS 2635/1 et. seq. This UCIA form permits name search based conviction information to be disseminated to the public. **Please type or print using ink (do not use pencil).**

Requests for conviction information are to be made according to the following instructions. Failure to properly complete all required fields on the form resulting in an error, will require an additional fee upon resubmission.

- The requester must complete a UCIA form for each conviction record requested. Maiden names may be included on the fingerprint based forms but are not permitted on name based forms. Maiden names must be submitted separately when using a name based search.
- Each request must contain the requester's complete return address.
- The individual named in the request may initiate proceedings to challenge or correct a record furnished by the Illinois State Police by contacting the BOI.
- The subsequent dissemination of conviction information furnished by the Illinois State Police is permitted only for the 30 day period immediately following receipt of the information.
- The subject's complete and accurate name, sex, race, and date of birth are required in order to check the Illinois criminal history record files. Without this information, the search of the Illinois criminal history record files could be adversely affected.
- Do not include or attach other correspondence.

If the request is for employment or licensing purposes, the following additional instructions apply:

- Pursuant to 20 ILCS 2635/7, a requester must maintain on file for a minimum of 2 years a release signed by the individual to whom the information request pertains.

- The requester must provide the individual named in the request with a copy of the response furnished by the Illinois State Police.

- Within seven working days of receipt of such copy, the individual named in the request must notify the BOI as well as the requester if the information furnished is inaccurate or incomplete.

The instructions listed below follow the field format of the UCIA name inquiry form. Failure to complete all required fields which are marked in ***bold*** on the form and listed in the instructions as ***"MANDATORY"*** will result in the return of the request unprocessed.

Document Control Number

L99999999

Document Control Number (DCN) - *MANDATORY*

The DCN is a preprinted number located at the top left-hand corner of the form. Each form has a unique DCN number and therefore all inquiries must be submitted on an *original* form.

Submitting Agency ORI – NCIC (if applicable)

IL							

Submitting Agency ORI-NCIC

This field is used by agencies that have an assigned Originating Requester Identification (ORI) number specifically for requesting a fingerprint inquiry for non-criminal justice purposes. This is a nine character alphanumeric code. Example: IL01600ZS or PS0100000 (IL is preprinted on the form. If your prefix differs from "IL", cross out the letters and handwrite the appropriate prefix.) For those agencies that do not have an ORI, please use ILLUNFP00 in this field.

Transaction Control Number

FRMXXXXL99999999

Transaction Control Number (TCN) - *MANDATORY*

The TCN is a unique preprinted number located at the top right-hand corner of the form. If the TCN is not present or is invalid, the form will be returned to the submitting agency unprocessed. Above the TCN will be a bar coded number (Standard BAR CODE 39) representing the TCN in bar code format.

Cost Center
Office Use Only

Cost Center (Office Use Only)

The three or four character number assigned to an agency that has a draw-down account. If payment is not enclosed with the form, the cost center number must be entered.

Subject's Last Name

Subject's Last Name - *MANDATORY*

The subject's last name should be entered into this field. Hyphenated names should include the dash between names. If there is a space in the last name, enter it as one name. For example, O'Brian would be OBrian or Van Dyke would be VanDyke. Do not enter any other special characters such as apostrophes.

First Name

First Name
The subject's first name should be entered in this field. Hyphenated names should include the dash between names. Do not enter any other special characters such as apostrophes.

Middle Name

Middle Name
Enter the subject's middle name in this field. Do not enter "NMI" (no middle initial) or "NMN" (no middle name) in the middle name field.

Date of Birth

Date of Birth (DOB) - *MANDATORY*
Enter an eight digit date of birth. The entry format should be MM/DD/CCYY. Example: 05/30/1951. If the subject's date of birth is unknown, enter an approximate year of birth.

Sex

Sex - *MANDATORY*
Enter the valid sex code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Race

Race - *MANDATORY*
Enter a valid race code (see *Appendix B: Code Tables*). If blank or invalid, use "U" for unknown.

Social Security Number

Social Security Number (SSN)
Enter a nine digit numeric value in this field only. If the social security number does not meet this criterion, leave blank.

Drivers License Number

Drivers License Number (DLN)
Enter the subject's driver's license number if known.

DL State

Drivers License State (DLS)
Enter a valid two alpha character state code (see *Appendix B: Code Tables*). If the state provided does not meet this criterion, leave blank.

Requestor's Name

Requestor's Name
Enter the name of the individual requesting this information.

Agency/Company Name

Agency/Company Name
Enter the name of the agency or company requesting this Conviction Information Request (*both fingerprint and name based forms*).

Return Address

Street:	City:	State:	Zip:

Return Address - *MANDATORY*

Enter the exact address in which the response to the UCIA name inquiry is to be mailed. This address must be a complete mailing address including street number, city, state, and zip, in order to receive the response***. If the mailing address is not complete, the form will not be processed, requiring an additional fee for a new request.***

Foreign State/Country

Foreign State/Country

This field should be completed for any out of country UCIA name inquiry requests.

Foreign Postal Code

Foreign Postal Code

This field should be completed for any out of country UCIA name inquiry requests.

Licensing or Employment Purpose ☐ (Yes) ☐ (No)

Licensing or Employment Purposes

Check the box for "Yes" if this request is for licensing or employment purposes. Check the box for "No" if this request is not for licensing or employment purposes. If this field is left blank, it will be assumed that the inquiry is not for licensing or employment purposes.

Fee Amount

$16.00

Fee Amount

The fee amount is preprinted on the form.

Date: _____/___/_____.

Date

Enter the date the form was filled out.

Form Distribution

This form should be forwarded to the Bureau of Identification at the address below.

Illinois State Police
Bureau of Identification
P.O. Box 91008
Chicago, Il 60680-8805

WARNING: Any person who intentionally and knowingly requests, obtains, or seeks to obtain conviction information under false pretenses, disseminates inaccurate or incomplete conviction information or violates any other provisions of 20 ILCS 2625/1 may be guilty of a crime punishable by up to one year of imprisonment and/or may incur civil liabilities.

A name based criminal history record check will be performed based on the personal identifiers submitted pertaining to the subject. Please note, however, that a "no record" response from the ISP does not ensure that conviction information does not exist under personal identifiers for the individual in question. Conversely, a "record" response does not ensure that the record belongs to the subject in question. It is common for criminal offenders to use false or alias names and dates of birth which may not be detected by a name based request. To ensure that the information furnished by the ISP positively pertains to the individual in question, a Conviction Information Request fingerprint card form (#ISP6-404B) should be submitted. Fingerprints are the only positive means of identification.

Chapter 22 Expungement/Seal Orders

The term "*expunge"* means to remove or delete information from an individual's criminal history record. The term *sealing* means to prevent dissemination of information to certain agencies or individuals. 20 ILCS 2630/5 describes the expungement and sealing criteria for certain offenses.

The BOI only expunges/seals eligible criminal records when it receives a court order along with the correct fee (See *Appendix A: Fee Schedules*). The BOI ***requires*** the court order to include either the original signature of the issuing judge or the seal and certification of the circuit court clerk. Additionally, the court order must contain sufficient information to identify the person whose record is to be expunged. Identification of the subject must include at least one of the following:

- Name, sex, race, and date of birth and one of the following:
- State Identification Number (SID)
- Federal Bureau of Investigation (FBI) number
- Chicago Identification Record (IR) number

Finally, the court order must contain sufficient information to identify the specific arrest to be expunged or sealed. Identification of the specific arrest must include at least one of the following:

- Document Control Number of the arrest or
- Date of arrest, arrest charge(s), and arresting agency and
- The court case number.

The BOI forwards a copy of the expungement or seal order to the FBI and forwards a letter to the petitioner explaining what action was taken in response to the expungement or seal order. The FBI will only process expungement or seal orders received from the BOI.

Refer to 20 ILCS 2630/5 to determine whether or not a record can be expunged. Laws governing the expungement of local records differ from the laws governing the expungement of ISP records. The BOI does not notify arresting agencies of the expungements. For more information, visit the Office of the Appellate Defender's web page containing expungement information at http://state.il.us/defender/exp.html.

INITIATING AND PROCESSING EXPUNGEMENTS

These are the steps required for an expungement:

- A petition is filed in the county where the arrest occurred. The petition **must** be forwarded to the BOI for processing. There is no fee for processing a petition.
- The court enters an order either granting or denying an expungement or seal order.
- The clerk of the court mails a copy of the order to the petitioner, the arresting agency, and the BOI. The clerk of the court *may* send a copy of the order to the prosecutor and other agencies as ordered by the court.
- The processing fee is submitted with the granted order.
- The order submitted to the BOI pertains to ISP records. The FBI only accepts expungement requests from the BOI.

STOLEN IDENTITY

A "name change" order or an "order to correct arrest record" must be submitted for identity theft. If the subject was not fingerprinted for the arrest, but their name is associated with the arrest, only their name may be removed. The fingerprint record of another person cannot be expunged.

After the order has been signed by the judge, the BOI needs to be notified to correct the arrest record. Current expungement fees apply (see *Appendix B: Fee Schedules*).

Chapter 23 Frequently Asked Questions

The BOI occasionally receives certain questions regarding the collection, maintenance, dissemination, and use of CHRI. This section contains the answers to some of the most commonly asked questions.

FBI QUESTIONS & ANSWERS

This section contains the answers to the most commonly asked questions about FBI reporting.

Question: When do I complete and submit the FBI Arrest Card?
Answer: Never. The BOI electronically forwards your arrest to the FBI.

Question: What do I do with the FBI court disposition?
Answer: Submit the disposition directly to the FBI.

Question: What do I do when the FBI sends the disposition back?
Answer: Hold the disposition for a short period of time, and then resubmit the document to the FBI. Occasionally, there is a processing delay in the posting of arrest information to the FBI record. When this delay occurs, the posting of the disposition will be rejected because a match cannot be made between the disposition and the arrest. If you resubmit the disposition at a later date, the chances are greater that the arrest information would have been posted to the FBI criminal records.

REPORTING QUESTIONS & ANSWERS

This section contains the answers to the most commonly asked questions about reporting.

Question: When do I report arrests to the BOI?
Answer: You must report all felonies and Class A and B misdemeanors for adults who are arrested. You may report Class C misdemeanors, local ordinance violations, and traffic violations. You must report any offense that would be considered a felony if committed by an adult for all juveniles who are arrested or taken into limited custody.

Question: I arrested the subject for a reportable charge and sent the BOI the charging sheet and the fingerprint card, but then I released the subject without charging. Do I report that information and, if so, how?
Answer: Yes. Submit a copy of the Arresting Agency copy with a line through the form and, in large print, write *Released Without Charging*.

Question: Can I submit charges that are not required to be reported?
Answer: Yes.

ERROR QUESTIONS & ANSWERS

This section contains the answers to the most commonly asked questions about errors.

Question: I submitted an Arrest fingerprint card but received the card back. Why?
Answer: The BOI returns the Arrest card if:

- The Arrest card does not contain fingerprints; or
- The submission contains a fatal error – missing a mandatory field; or
- The fingerprints are rejected for poor fingerprint quality.

Question: I keep getting error messages concerning the bond amount I reported. What's wrong?
Answer: The most common mistake in reporting bond information is marking a *Recognizance Bond* and an amount of money in the *Bond Amount*. If money bond is completed, you must mark the *Cash Bond* or *10% Bond fields*. But remember, all bond information is optional; you do not have to report this information to the BOI.

GENERAL QUESTIONS & ANSWERS

Question: Can CHRI be disseminated over the radio to an officer in the field?
Answer: Yes. Your dispatcher should ***always*** provide your officers with information that would allow them to take precautions necessary for their own personal safety. LEADS regulations state that CHRI can be disseminated over the radio for three reasons: to effect an immediate identification of an individual, to provide for law enforcement officer safety, and to provide for public safety. For instance, if officers are confronting an offender with a history of weapons offenses, they should be advised of that fact. However, you do not need to read the offender's entire criminal history over the radio. If you provide CHRI to officers outside your agency, follow the rules pertaining to extra dissemination of CHRI (for detailed instructions, refer to *Rules and Regulations of CHRI* section for detailed information about security and privacy of CHRI).

Question: Will regional communications facilities be granted access to LEADS/CCH data?
Answer: Yes. However, each participating agency must sign the *LEADS User's Agreement with CHRI Addendum*. Also, the chairperson or member of the directorship of the facility, who is a "peace officer" as defined by the *Illinois Compiled Statutes*, must sign an agreement and accept administrative responsibility for the regional facility.

Question: What benefits do local agencies gain by cooperating in an audit of their records?
Answer: The Illinois Criminal Justice Information Authority and ISP prepare a report on the compliance of their recordkeeping system for the agency. The report reviews policies, procedures, and practices for conformity with CHRI rules and regulations. Agencies may also use these reports to obtain grant funding.

Question: Our department is frequently contacted by various federal agencies requesting CHRI. Should we give it to them?

Answer: CHRI should only be provided to law enforcement agencies. The BOI recommends that you cooperate completely with federal law enforcement agencies that are pursuing official investigations regarding alleged criminal conduct. However, your agency must follow the constraints outlined in the previous sections (such as *Rules and Regulations of CHRI*). You cannot disseminate record checks for employment or licensing purposes to other agencies.

Question: Can CHRI obtained via the LEADS system be used for employment or licensing checks for private industry?

Answer: No.

Question: Will the BOI send a set of prints for latents?

Answer: No. Please contact your local forensic laboratory for this request.

Question: My name appears on someone else's rap sheet. How can I get it removed?

Answer: A "name change" order or an "order to correct arrest record" needs to be submitted. If you were not fingerprinted for the arrest that has your name associated with it, you **cannot** expunge another person's fingerprint record. You may only request that your name be removed. After the order has been signed by the judge, Illinois State Police needs to be notified to correct the arrest record.

Question: Where do I get CHRI forms, instructions, and envelopes?

Answer: Contact the Stores Clerk for detailed information. (See *Appendix C: Phone Listings)*

Question: What do I need to receive CHRI information?

Answer: You need to execute a *LEADS User Agreement with CHRI Addendum* between your agency and the ISP LEADS Administration. Your agency head must sign this agreement.

Question: How do I get a *LEADS User Agreement with CHRI Addendum*?

Answer: Contact the LEADS Administrator for detailed information or see the LEADS 2000 homepage at http://leadsinfo.isp.state.il.us/info/info.htm .

Question: When does a new *LEADS User Agreement with CHRI Addendum* need to be submitted?

Answer: Any time you get a new agency head.

Question: How do I become authorized for LEADS access?

Answer: Contact your Field Specialist (see *Appendix C: Phone Listing*)

Question: How do I make a LEADS inquiry?
Answer: Contact the LEADS staff or refer to the *General Ways to Obtain CHRI* section, earlier in this manual.

Question: I have a question about Illinois Uniform Crime Reporting (I-UCR). Who do I talk to?
Answer: Contact the I-UCR staff. (See *Appendix C: Phone Listings*)

Question: I have a question about the Firearm Owner's Identification (FOID) Program. Who do I talk to?
Answer: Contact the FOID staff. (See *Appendix C: Phone Listings*)

Question: Why are we getting this rap sheet? It is not our arrest.
Answer: Contact the BOI Customer Support Unit for detailed information. (See *Appendix C: Phone Listings*)

Appendix A Fee Schedules

Non-Criminal Justice
Processing Fees

Submission Type	Manual/Paper Form	Electronic/Live scan	Resubmission Fee
Fee Applicants *(fees effective October 1, 2007)*			
State Only	$20.00	$15.00	$10.00
FBI Only	$19.25	$19.25	$10.00
State & FBI	$19.25	$34.25	$20.00
VCA and AWV Full Set *(National Child Protection Act/Volunteers for Children Act and Adam Walsh Volunteers)*	N/A	$30.25	$20.00
Uniform Conviction Information Act Requests *(fees effective July 1, 2004)*			
Name-based Inquiry	$16.00	$10.00	N/A
Fingerprint Card	$20.00	$15.00	$10.00

Court Orders/ Petitions	***Petitions***	***Expungement/Sealing Order***
	No Charge	$60.00

For resubmissions, please remember that you must provide the TCN number of the previous submission to qualify for the resubmission fee.

Paper submissions sent to the FBI will require a $30.25 fee for processing. The ISP submits all fingerprints to the FBI electronically, even when the original is submitted on paper.

Appendix B Code Tables

Code Values

The following codes are used to complete all Illinois State Police CHRI forms. This section is broken down into two sections:

- **General Codes**
  General codes which are used in the completion of CHRI forms. They are CSA codes, class, warrant type, and bond type posted.

- **Location Codes**
  These are location codes used in the completion of CHRI forms. There are county codes, state codes, and country codes.

Field Name	Description	Code	Meaning
Sex	The subject's sex.	M F U	Male Female Unknown
Race	The subject's race	W B A I U	White Black Asian/Pacific Islands American Indian/Alaskan Unknown
Hair Color	The subject's hair color.	BAL BLK BLN BLU BRO GRN GRY ONG PLE PNK RED SDY WHI XXX	Bald Black Blond or Strawberry Blue Brown Green Gray Orange Purple Pink Red or Auburn Sandy White Unknown
Skin Tone	The subject's skin tone/complexion	ALB BLK DRK DBR FAR LGT LBR MED MBR OLV	Albino Black Dark Dark Brown Fair Light Light brown Medium Medium brown Olive

Field Name	Description	Code	Meaning
		RUD	Ruddy
		SAL	Sallow
		YEL	Yellow
		XXX	Unknown
Eye Color	The subject's eye color	BLK	Black
		BLU	Blue
		BRO	Brown
		GRY	Gray
		GRN	Green
		HAZ	Hazel
		MAR	Maroon
		PNK	Pink
		XXX	Unknown
Misc. Number	A valid multi-functional identification number. Do not use the two-digit alpha code listed above for an Air Force, Army, National Guard, or Air National Guard serial number. Instead, use the generic AS code, followed by the number. For example, if the subject's National Guard serial number is NG21001999, enter AS-21001999 in the Miscellaneous Number Field.	AS	Air Force Serial Number
		AR	Alien Registration Number
		AS	Army Serial Number, National Guard Serial Number, or Air National Guard Serial Number (regardless of state)
		CG	U.S. Coast Guard Serial Number
		MD	Mariner's Document of Identification Number
		MC	Marine Corps Serial Number
		MP	Royal Canadian Mounted Police Identification Number (FPS Number)
		NS	Navy Serial Number
		OA	Originating Agency Police or Identification Number
		PP	Passport Number
		SS	Selective Service Number
		VA	Veteran's Administration Claim Number
CSA	The inchoate code.	C	Conspiracy
		S	Solicitation
		A	Attempt
		O	Offense cited/unknown
		D	Drug Offense
Class	The class of offense, if known.	1	Class 1 Felony
		2	Class 2 Felony
		3	Class 3 Felony
		4	Class 4 Felony
		M	Murder Class
		X	Class X Felony
		A	Class A Misdemeanor
		B	Class B Misdemeanor
		C	Class C Misdemeanor
		L	Local Ordinance
Warrant Type	The warrant type code.	A	Original arrest warrant
		B	Bond forfeiture
		P	Probation violation
		M	Mandatory Supervised Release/ Parole Violation

Field Name	Description	Code	Meaning
		O	Out of State warrant, all types
Bond Type Posted	The type of bond posted	01 02 03 04 06 13	No bond posted Driver's License, Illinois License Recognizance; personal or "I" bond Cash; full cash – 100% bond 10% bond; 10% of set bail Other; all other bond types
Basis for Caution	Valid Basis for Caution notations		Allergies Armed & Dangerous Assault Assault and Battery/A&B Assault to Kill Assault with a Deadly Weapon Carries Weapon Carrying a Concealed Weapon Combative Crime vs. Child Crime vs. Elderly Dangerous Drugs Diabetic Domestic Violence Known to Abuse Drugs Epilepsy Escape Risk Explosive Expertise Fights Police Gang Member Handgun Heart Condition Intoxicated Hemophiliac IV Drug Users Martial Arts Expert Medical Alert Medication Required Mentally Unstable Murder Narc Other Patient Rape Resist Arrest Resist Officer Sex Offender Sexually Violent Predator Suicidal Unlawful Use of Weapon Violent Tendencies

SCARS, MARKS AND TATTOOS CODES

Artificial Body Parts and Aids	Code
Arm, left, artificial	ART L ARM
Arm, right, artificial	ART R ARM
Brace, left arm	BRAC L ARM
Brace, right arm	BRAC R ARM
Brace, back	BRACE BACK
Brace, left leg	BRAC L LEG
Brace, right leg	BRAC R LEG
Brace, neck	BRACE NECK
Braces, teeth	BRAC TEETH
Contact Lenses	CON LENSES
Denture, upper	DENT UP
Denture, lower	DENT LOW
Denture, upper and lower	DENT UP LO
Ear, left, artificial	ART L EAR
Ear, right, artificial	ART R EAR
Eye, left, artificial	ART L EYE
Eye, right, artificial	ART R EYE
Foot, left, artificial	ART L FT
Foot, right, artificial	ART R FT
Glasses (prescription)	GLASSES
Gold tooth	GOLD TOOTH
Hand, left, artificial	ART L HND
Hand, right, artificial	ART R HND
Hearing Aid	HEAR AID
Leg, left, artificial	ART L LEG
Leg, right, artificial	ART R LEG
Silver tooth	SLVR TOOTH
Wheelchair	WHEELCHAIR

Deafness	Code
Deaf, one ear, non-specific	DEAF EAR
Deaf, left ear	DEAF L EAR
Deaf, right ear	DEAF R EAR
Deaf, left and right ears	DEAF
Deaf-mute	DEAF MUTE

Blindness	Code
Blind, one eye, non-specific	BLND EYE
Blind, left eye	BLND L EYE
Blink, right eye	BLND R EYE
Blind, both eyes	BLIND
Cataract, non-specific	CATARACT
Cataract, left eye	CATA L EYE
Cataract, right eye	CATA R EYE
Cross-eyed	CROSSEYED
Glaucoma	GLAUCOMA

Deformities	Code
Cauliflower ear, left	CAUL L EAR
Cauliflower ear, right	CAUL R EAR
Cleft palate	CLEFT PAL
Crippled arm, left	CRIP L ARM
Crippled arm, right	CRIP R ARM
Crippled finger(s), left hand *	CRIP L FGR
Crippled finger(s), right hand *	CRIP R FGR
Crippled foot, left **	CRIP L FT
Crippled foot, right **	CRIP R FT
Crippled hand, left	CRIP L HND
Crippled hand, right	CRIP R HND
Crippled leg, left	CRIP L LEG
Crippled leg, right	CRIP R LEG
Crippled toe(s), left	CRIP L TOE
Crippled toe(s), right	CRIP R TOE
Extra breast, non-specific	EXTR BRST
Extra breast, center	EXTR CBRST
Extra breast, left	EXTR LBRST
Extra breast, right	EXTR RBRST
Extra finger(s), left hand	EXTR L FGR
Extra finger(s), right hand	EXTR R FGR
Extra nipple, non-specific	EXTR NIP
Extra nipple, center	EXTR C NIP
Extra nipple, left	EXTR L NIP
Extra nipple, right	EXTR R NIP
Extra toe(s), left	EXTR L TOE
Extra toe(s), right	EXTR R TOE
Harelip	HARELIP
Humpbacked	HUMPBACKED
Mute ***	MUTE
Protruding lower jaw	PROT L JAW
Protruding upper jaw	PROT U JAW
Shorter left leg	SHRT L LEG
Shorter right leg	SHRT R LEG

* *Includes webbed fingers*
** *Includes clubfoot*
*** *To be used if the person is mute, but not deaf*

Fractured Bones	Code
Ankle, non-specific	FRC ANKL
Ankle, left	FRC L ANKL
Ankle, right	FRC R ANKL
Arm, non-specific	FRC ARM
Arm, upper left	FRC UL ARM
Arm, lower left	FRC LL ARM
Arm, upper right	FRC UR ARM
Arm, lower right	FRC LR ARM
Back	FRC BACK
Clavicle, non-specific	FRC CLAVIC

Fractured Bones	Code
Clavicle, left	FRC LCLAVI
Clavicle, right	FRC RCLAVI
Fingers, non-specific	FRC FGR
Finger(s), left hand	FRC L FGR
Finger(s), right hand	FRC R FGR
Foot, non-specific	FRC FOOT
Foot, left	FRC L FOOT
Foot, right	FRC R FOOT
Hand, non-specific	FRC HAND
Hand, left	FRC L HAND
Hand, right	FRC R HAND
Jaw, non-specific	FRC JAW
Jaw, upper left	FRC UL JAW
Jaw, lower left	FRC LL JAW
Jaw, upper right	FRC UR JAW
Jaw, lower right	FRC LR JAW
Knee, non-specific	FRC KNEE
Knee, left	FRC L KNEE
Knee, right	FRC R KNEE
Leg, non-specific	FRC LEG
Leg, upper left	FRC UL LEG
Leg, lower left	FRC LL LEG
Leg, upper right	FRC UR LEG
Leg, lower right	FRC LR LEG
Neck	FRC NECK
Nose	FRC NOSE
Pelvis, non-specific	FRC PELVIS
Pelvic bone, left	FRC LPELVI
Pelvic bone, right	FRC RPELVI
Rib(s), non-specific	FRC RIBS
Rib(s) left	FRC L RIB
Rib(s), right	FRC R RIB
Shoulder, non-specific	FRC SHLD
Shoulder, left	FRC L SHLD
Shoulder, right	FRC R SHLD
Skull	FRC SKULL
Spine	FRC SPINE
Sternum	FRC STERN
Toes, non-specific	FRC TOE
Toe(s), left foot	FRC L TOE
Toe(s), right foot	FRC R TOE
Wrist, non-specific	FRC WRIST
Wrist, left	FRC L WRST
Wrist, right	FRC R WRST

Missing Body Parts	Code
Adenoids	MISS ADND
Appendix	MISS APPNX
Arm, left	MISS L ARM
Arm, right	MISS R ARM
Arm, lower left	MISS LLARM
Arm, lower right	MISS LRARM

Missing Body Parts	Code
Breasts	MISS BRSTS
Breast, left	MISS LBRST
Breast, right	MISS RBRST
Ear, left	MISS L EAR
Ear, right	MISS R EAR
Eye, left	MISS L EYE
Eye, right	MISS R EYE
Finger(s), left hand	MISS L FGR
Finger(s), right hand	MISS R FGR
Finger joint(s), left hand	MISS L FJT
Finger joint(s), right hand	MISS R FJT
Foot, left	MISS L FT
Foot, right	MISS R FT
Hand, left	MISS L HND
Hand, right	MISS R HND
Intestines	MISS INTES
Kidney, left	MISS L KID
Kidney, right	MISS R KID
Larynx	MISS LRYNX
Leg, left	MISS L LEG
Leg, right	MISS R LEG
Leg, lower left	MISS LLLEG
Leg, lower right	MISS LRLEG
Lung, left	MISS LLUNG
Lung, right	MISS RLUNG
Nose	MISS NOSE
Ovaries	MISS OVARS
Ovary, left	MISS LOVAR
Ovary, right	MISS ROVAR
Pancreas	MISS PANCR
Penis	MISS PENIS
Prostate Gland	MISS PROST
Spleen	MISS SPLEN
Stomach	MISS STOMA
Testis, left	MISS L TES
Testis, right	MISS R TES
Tongue	MISS TONG
Tonsils	MISS TONSL
Uterus	MISS UTRUS

Needle Marks	Code
Arm, left	NM L ARM
Arm, right	NM R ARM
Buttocks, left	NM L BUTTK
Buttocks, right	NM R BUTTK
Finger(s), left hand	NM L FGR
Finger(s), right hand	NM R FGR
Foot, left	NM L FOOT
Foot, right	NM R FOOT
Hand, left	NM L HND
Hand, right	NM L HND
Leg, left	NM L LEG

Needle Marks	Code
Leg, right	NM R LEG
Thigh, left	NM L THIGH
Thigh, right	NM R THIGH
Wrist, left	NM L WRIST
Wrist, right	NM R WRIST

Scars	Code
Abdomen	SC ABDOM
Ankle, non-specific	SC ANKL
Ankle, left	SC L ANKL
Ankle, right	SC R ANKL
Arm, non-specific	SC ARM
Arm, left	SC L ARM
Arm, right	SC R ARM
Arm, left upper	SC UL ARM
Arm, right upper	SC UR ARM
Back	SC BACK
Breast, non-specific	SC BREAST
Breast, left	SC L BRST
Breast, right	SC R BRST
Buttocks, non-specific	SC BUTTK
Buttocks, left	SC L BUTTK
Buttocks, right	SC R BUTTK
Calf, non-specific	SC CALF
Calf, left	SC L CALF
Calf, right	SC R CALF
Cheek, non-specific	SC L CHK
Cheek (face), left	SC L CHK
Cheek (face), right	SC R CHK
Chest	SC CHEST
Chin	SC CHIN
Ear, non-specific	SC EAR
Ear, left	SC L EAR
Ear, right	SC R EAR
Elbow, non-specific	SC ELBOW
Elbow, left	SC L ELB
Elbow, right	SC R ELB
Eyebrow, non-specific	SC EYE
Eyebrow, left (or left eye area)	SC L EYE
Eyebrow, right (or right eye area)	SC R EYE
Face (Be more specific if possible.)	SC FACE
Finger(s), non-specific	SC FGR
Finger(s), left hand	SC L FGR
Finger(s), right hand	SC R FGR
Foot, non-specific	SC FOOT
Foot, left	SC L FT
Foot, right	SC R FT
Forearm, non-specific	SC F ARM
Forearm, left	SC LF ARM
Forearm, right	SC RF ARM

Scars	Code
Forehead	SC FHD
Groin area	SC GROIN
Hand, non-specific	SC HAND
Hand, left	SC L HAND
Hand, right	SC R HAND
Head (Be more specific, if possible)	SC HEAD
Hip, non-specific	SC HIP
Hip, left	SC L HIP
Hip, right	SC R HIP
Knee, non-specific	SC KNEE
Knee, left	SC L KNEE
Knee, right	SC R KNEE
Leg, non-specific	SC LEG
Leg, left	SC L LEG
Leg, right	SC R LEG
Lip non-specific	SC LIP
Lip, lower	SC LOW LIP
Lip, upper	SC UP LIP
Neck	SC NECK
Nose	SC NOSE
Penis	SC PENIS
Pockmarks	POCKMARKS
Shoulder, non-specific	SC SHLD
Shoulder, left	SC L SHLD
Shoulder, right	SC R SHLD
Thigh, non-specific	SC THIGH
Thigh, left	SC L THGH
Thigh, right	SC R THGH
Wrist, non-specific	SC WRIST
Wrist, left	SC L WRIST
Wrist, right	SC R WRIST

Skin Discolorations (including birthmarks)	Code
Abdomen	DISC ABDOM
Ankle, non-specific	DISC ANKL
Ankle, left	DISC L ANKL
Ankle, right	DISC R ANKL
Arm, non-specific	DISC ARM
Arm, left	DISC L ARM
Arm, right	DISC R ARM
Back	DISC BACK
Breast, non-specific	DISC BRST
Breast, left	DISC L BRS
Breast, right	DISC R BRS
Buttocks, non-specific	DISC BUTTK
Buttocks, left	DISC L BUT
Buttocks, right	DISC R BUT
Cheek, non-specific	DISC CHEEK
Cheek (face), left	DISC L CHK
Cheek (face), right	DISC R CHK

Skin Discolorations (including birthmarks)	Code
Chest	DISC CHEST
Chin	DISC CHIN
Ear, non-specific	DISC EAR
Ear, left	DISC L EAR
Ear, right	DISC R EAR
Eyebrow, non-specific	DISC EYE
Eyebrow, left (or left eye area)	DISC L EYE
Eyebrow, right (or right eye area)	DISC R EYE
Face, non-specific	DISC FACE
Finger, non-specific	DISC FGR
Finger(s), left hand	DISC L FGR
Finger(s), right hand	DISC R FGR
Foot, non-specific	DISC FOOT
Foot, left	DISC L FT
Foot, right	DISC R FT
Forehead	DISC FHD
Hand, left	DISC L HND
Hand, right	DISC R HND
Hip, non-specific	DISC HIP
Hip, left	DISC L HIP
Hip, right	DISC R HIP
Head	DISC HEAD
Knee, non-specific	DISC KNEE
Knee, left	DISC LKNEE
Knee, right	DISC RKNEE
Leg, non-specific	DISC LEG
Leg, left	DISC L LEG
Leg, right	DISC R LEG
Lip, non-specific	DISC LIP
Lip, lower	DISC L LIP
Lip, upper	DISC U LIP
Neck	DISC NECK
Nose	DISC NOSE
Shoulder, non-specific	DISC SHLD
Shoulder, left	DISC LSHLD
Shoulder, right	DISC RSHLD
Thigh, non-specific	DISC THGH
Thigh, left	DISC L THGH
Thigh, right	DISC R THGH
Wrist, non-specific	DISC WRIST
Wrist, left	DISC L WRS
Wrist, right	DISC R WRS
Abdomen	MOLE ABDOM
Ankle, non-specific	MOLE ANKL
Ankle, left	MOLE L ANK
Ankle, right	MOLE R ANK
Arm, left	MOLE L ARM
Arm, right	MOLE R ARM
Back	MOLE BACK
Breast, non-specific	MOLE BRST
Breast, left	MOLE LBRST
Breast, right	MOLE RBRST
Buttocks, non-specific	MOLE BUTTK
Buttocks, left	MOLE L BUT
Buttocks, right	MOLE R BUT
Cheek, non-specific	MOLE CHK
Cheek (face), left	MOLE L CHK
Cheek (face), right	MOLE R CHK
Chest	MOLE CHEST
Chin	MOLE CHIN
Ear, non-specific	MOLE EAR
Ear, left	MOLE L EAR
Ear, right	MOLE R EAR
Eyebrow, left (or left eye area)	MOLE L EYE
Eyebrow, right (or right eye area)	MOLE R EYE
Finger, non-specific	MOLE FGR
Finger(s), left hand	MOLE L FGR
Finger(s), right hand	MOLE R FGR
Foot, non-specific	MOLE FOOT
Foot, left	MOLE L FT
Foot, right	MOLE R FT
Forehead	MOLE FHD
Groin	MOLE GROIN
Hand, non-specific	MOLE HAND
Hand, left	MOLE L HND
Hand, right	MOLE R HND
Head, non-specific	MOLE HEAD
Hip, non-specific	MOLE HIP
Hip, left	MOLE L HIP
Hip, right	MOLE R HIP
Knee, non-specific	MOLE KNEE
Knee, left	MOLE L KNE
Knee, right	MOLE R KNE
Leg, non-specific	MOLE LEG
Leg, left	MOLE L LEG
Leg, right	MOLE R LEG
Lip, non-specific	MOLE LIP
Lip, lower	MOLE L LIP
Lip, upper	MOLE U LIP
Neck	MOLE NECK
Nose	MOLE NOSE
Shoulder, non-specific	MOLE SHLD
Shoulder, left	MOLE L SHD
Shoulder, right	MOLE R SHD
Thigh, non-specific	MOLE THGH
Thigh, left	MOLE L THG
Thigh, right	MOLE R THG
Wrist, left	MOLE L WRS
Wrist, right	MOLE R WRS

Tattoos	Code
Abdomen	TAT ABDOM
Ankle	TAT ANKL
Ankle, left	TAT L ANKL
Ankle, right	TAT R ANKL
Arm, non-specific	TAT ARM
Arm, left lower	TAT L ARM
Arm , right lower	TAT R ARM
Arm, left upper	TAT UL ARM
Arm, right upper	TAT UR ARM
Back	TAT BACK
Breast, non-specific	TAT BREAST
Breast, left	TAT L BRST
Breast, right	TAT R BRST
Buttocks, non-specific	TAT BUTTK
Buttocks, left	TAT L BUTK
Buttocks, right	TAT R BUTK
Calf, non-specific	TAT CALF
Calf, left	TAT L CALF
Calf, right	TAT R CALF
Cheek, non-specific	TAT CHEEK
Cheek (face), left	TAT L CHK
Cheek (face), right	TAT R CHK
Chest	TAT CHEST
Chin	TAT CHIN
Ear, non-specific	TAT EAR
Ear, left	TAT L EAR
Ear, right	TAT R EAR
Face (Be more specific, if possible)	TAT FACE
Finger, non-specific	TAT FNGR
Finger(s), left hand	TAT L FGR
Finger(s), right hand	TAT R FGR
Foot, non-specific	TAT FOOT
Foot, left	TAT L FOOT
Foot, right	TAT R FOOT
Forearm, non-specific	TAT FARM
Forearm, left	TAT LF ARM
Forearm, right	TAT RF ARM
Forehead	TAT FHD
Groin area	TAT GROIN
Hand, non-specific	TAT HAND
Hand, left	TAT L HND
Hand, right	TAT R HND
Head (Be more specific, if possible.)	TAT HEAD
Hip, non-specific	TAT HIP
Hip, left	TAT L HIP
Hip, right	TAT L HIP
Knee, non-specific	TAT KNEE
Knee, left	TAT L KNEE
Knee, right	TAT R KNEE
Leg, non-specific	TAT LEG

Tattoos	Code
Leg, left	TAT L LEG
Leg, right	TAT R LEG
Lip, non-specific	TAT LIP
Lip, lower	TAT LW LIP
Lip, upper	TAT UP LIP
Neck	TAT NECK
Nose	TAT NOSE
Penis	TAT PENIS
Shoulder, non-specific	TAT SHLD
Shoulder, left	TAT L SHLD
Shoulder, right	TAT R SHLD
Thigh, non-specific	TAT THGH
Thigh, left	TAT L THGH
Thigh, right	TAT R THGH
Wrist	TAT WRS
Wrist, left	TAT L WRS
Wrist, right	TAT R WRS

Other Physical Characteristics	Code
Cleft chin	CLEFT CHIN
Dimple, chin	DIMP CHIN
Dimples, left cheek (face)	DIMP L CHK
Dimples, right cheek (face)	DIMP R CHK
Freckles	FRECKLES
Hair implants	HAIR IMPL
Pierced abdomen	PRCD ABDMN
Pierced back	PRCD BACK
Pierced ears (both)	PRCD EARS
Pierced ear, one (non-specific)	PRCD EAR
Pierced genitalia	PRCD GNTLS
Pierced left ear	PRCD L EAR
Pierced lip, non-specific	PRCD LIP
Pierced lip, upper	PRCD U LIP
Pierced lip, lower	PRCD L LIP
Pierced nipple, non-specific	PRCD NIPPLE
Pierced nipple, left	PRCD L NIP
Pierced nipple, right	PRCD R NIP
Pierced nose	PRCD NOSE
Pierced right ear	PRCD R EAR

Drugs	Code
Alcohol	DA ALCOHOL
Amphetamines (including stimulants, speed, etc.)	DA AMPHETA
Barbiturates	DA BARBITU
Cocaine (including crack)	DA COCAINE
Glue	DA GLUE
Hallucinogens	DA HALLUCI
Marijuana	DA MARIJUA
Narcotics (including Heroin, Morphine, Dilaudid,	DA NARCOTI

Drugs	Code
Methadone, etc.)	
Paint (including thinner)	DA PAINT
Other drugs of abuse not listed above	DA OTHER

Therapeutic Drugs	Code
Analgesics (pain relievers, including Darvon, Acetominophen, Aspirin, etc.)	TD ANALGES
Anticonvulsants (seizure medicines, including Dilantin, Mysoline, Phenobarbital, etc.)	TD ACONVUL
Antidepressants (mood-lifters, including Elavil, Triavil, Norpramine, Amitriptylene,	TD ADEPRES

Therapeutic Drugs	Code
Nortiptylene, etc.)	
Cardiac (heard medications, including Digitalis, Digoxin, etc.)	TD CARDIAC
Hipnotics (sleeping aids, including barbiturates, Chloral Hydrate, Glutethimide, etc.)	TD HYPNOTI
Insulin	TD INSULIN
Tranquilizers (including Valium, Thorazine, Stellazine, etc.)	TD TRANQUI
Other therapeutic medications not listed above, identify in MIS field	TD OTHER

COURT DISPOSITION CODES

100 Series - Conviction Disposition/Sentence Information to Follow

101 Guilty
102 Guilty/Mentally Ill
103 Guilty/Directed Verdict
104 Ex Parte/Finding of Guilt
105 Guilty/20 ILCS 301-40-10
106 Adjudicated Delinquent (Guilty) *(Juvenile Only)*
107 Guilty/EJJP *(Juvenile Only)*
108 EJJP/Adult Sentence Imposed

200 Series - Non-Conviction Disposition (No Sentence Information to Follow)

201 Not Guilty
202 Not Guilty/Insane
203 Not Guilty/Directed Verdict
204 Not Guilty/Guilty of Lesser and Included Offense
205 Nolle Prosequi
206 No Bill
207 Transferred/No Jurisdiction
208 Dismiss
209 Dismiss/State Motion
210 Dismiss/Defense Motion
211 Dismiss/Court
212 Dismiss/ Superseded by Indictment or Information
213 Dismiss/No Probable Cause
214 Dismiss/Want of Prosecution
215 710 Probation Dismissed *(Inactive Since 1992)*
216 1410 Probation Dismissed *(Inactive Since 1992)*
217 Supervision Dismissed *(Inactive Since 1992)*
218 Dismiss/Treatment Satisfied *(Inactive Since 1992)*
219 Probation Dismissed *(Inactive Since 1992)*
220 Non-Suit
221 Stricken Off with Leave to Reinstate
222 Death Suggested/ Cause Abated
223 Charge Amended/ Reduced
224 Governor's Pardon
227 Merged with Another Offense
228 Delinquency Petition Withdrawn (Decided not to prosecute)
229 Not Proven/Not Adjudicated Delinquent (Not Guilty) *(Juvenile Only)*

300 Series - Interim Dispositions/ Forfeitures (No Sentence Information to Follow)

301 30 Day Notice of CNT CT Date/DL Suspension Pending
302 30 Day Notice of CNT CT Date/Forfeit Pending
303 Judgment on Forfeiture
304 Failure to Comply/NRVC
305 Order of Failure to Appear

400 Series - Interim Disposition/ Withhold Judge/Sentence Information to Follow

401 Withhold Judgement/710 Probation
402 Withhold Judgment/1410 Probation
403 Withhold Judgment/ Supervision
404 Withhold Judgement/91.5-120.9 *(Inactive Since 1992)*
405 Withhold Judgment/ 720 ILCS 5/12-4.3 (Aggravated Battery Child)
406 Withhold Judgment/2310 Probation *(Inactive Since 1992)*
407 Juvenile Continuance Under Supervision
408 Withhold Judgement/520 ILCS 5.0/3.5
409 Withhold Judgment/ 720 ILCS 5/12-21.5 or 720 ILCS 5/12-21.6
410 Withhold Judgment/ 720 ILCS 646/70
411 Withhold Judgment/ 720 ILCS 5.0/11-14.2

500 Series - Interim Dispositions/ Other/No Sentence Information to Follow

501 Unfit to Stand Trial
502 Sexually Dangerous
503 Mistrial
504 Warrant Issued
505 Warrant Quashed/ Withdrawn
506 BFW Issued
507 BFW Quashed

600 Series - Revocation/Vacate Disposition/Sentence Information May Follow

601 Revocation/Vacate Probation
602 Revocation/Vacate Conditional Discharge

603 Revocation/Vacate Supervision
604 Revocation/Vacate 710 Probation
605 Revocation/Vacate 1410 Probation
606 Revocation/Vacate 720 ILCS 5/12-4.3 Probation

650 Series - Modifications to Trial Court

650 Modified/Trial Court
651 Vacated/Trial Court
652 Vacate Juvenile Sentence

700 Series - Subsequent Dispositions - No Sentence Information to Follow

701 Probation Terminated
702 Conditional Discharge Terminated
703 Lieu of Bail Satisfied *(Inactive Since 1992)*
704 DUI School Completed
705 Failure to Pay/Notice to SOS
706 Paid in Full/Compliance of 705 Ch. 995-6-306-D2
707 Terminated Unsatisfied
708 Terminated Satisfied
709 Abandon Vehicle/ Fail To Pay/Notice to SOS 625 ILCS 5.0/4-214.1-d
710 Abandon Vehicle/Paid In Full/ Compliance of 625 ILCS 5.0/4-214.1-D

800 Series - Reviewing Court

801 Reversed/Reviewing Court
802 Remanded/Reviewing Court
803 Modified/Reviewing Court
804 Vacated/Reviewing Court
805 Modified/Trial Court (Inactive Since 1992 – See 650)
806 Vacated/Trial Court (Inactive Since 1992 – See 651)

888 Series - Special Disposition/Not Available

888 Disposition Not Available

SENTENCE CODES

100 Series - No Sentence Length

101 Death
102 Life
103 Repair of Criminal Damage to Property
104 No Sentence Information to Follow
105 Merge with Another Sentence

200 Series - Associate with Sentence Length

201 DOC
202 Jail
203 Periodic Imprisonment/ Work Release
204 Probation
205 Probation/Special Conditions
206 Conditional Discharge
207 Conditional Discharge/ Special Conditions
208 Supervision
209 Public Service
210 Intensive Probation (IPS)
211 Credit Time Served
212 Home Confinement
213 Electric Monitoring
214 Boot Camp
215 Juvenile Detention (Juvenile Only)

300 Series - Associate with Amounts

301 Fines and/or Cost/ Penalties and Fees
302 Restitution
303 Cost Only/Penalties and Fees

400 Series - Special Conditions

401 Study/Vocational Training
402 Medical/Mental Treatment
403 Drug Addiction Treatment
404 Alcoholism Treatment
405 Special Facility Attendance/Residence
406 DUI School
407 Driver Education School

SENTENCE STATUS CODES

1 Sentence In Force
2 Waived
3 Suspended
4 Suspended In Part
5 Concurrent (SPC Only) Unless Specifies Consecutive
6 Consecutive (SPC Only)
7 Stayed

ILLINOIS COUNTY CODES

County	Code
Adams	001
Alexander	002
Bond	003
Boone	004
Brown	005
Bureau	006
Calhoun	007
Carroll	008
Cass	009
Champaign	010
Christian	011
Clark	012
Clay	013
Clinton	014
Coles	015
Cook	016
Crawford	017
Cumberland	018
DeKalb	019
DeWitt	020
Douglas	021
DuPage	022
Edgar	023
Edwards	024
Effingham	025
Fayette	026
Ford	027

County	Code
Franklin	028
Fulton	029
Gallatin	030
Greene	031
Grundy	032
Hamilton	033
Hancock	034
Hardin	035
Henderson	036
Henry	037
Iroquois	038
Jackson	039
Jasper	040
Jefferson	041
Jersey	042
JoDaviess	043
Johnson	044
Kane	045
Kankakee	046
Kendall	047
Knox	048
Lake	049
LaSalle	050
Lawrence	051
Lee	052
Livingston	053
Logan	054

County	Code
McDonough	055
McHenry	056
McLean	057
Macon	058
Macoupin	059
Madison	060
Marion	061
Marshall	062
Mason	063
Massac	064
Menard	065
Mercer	066
Monroe	067
Montgomery	068
Morgan	069
Moultrie	070
Ogle	071
Peoria	072
Perry	073
Piat	074
Pike	075
Pope	076
Pulaski	077
Putnam	078

County	Code
Randolph	079
Richland	080
Rock Island	081
St. Clair	082
Saline	083
Sangamon	084
Schuyler	085
Scott	086
Shelby	087
Stark	088
Stephenson	089
Tazewell	090
Union	091
Vermilion	092
Wabash	093
Warren	094
Washington	095
Wayne	096
White	097
Whiteside	098
Will	099
Williamson	100
Winnebago	101
Woodford	102

STATE CODES

State	Code
Alabama	AL
Alaska	AK
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO

State	Code
Montana	MT
Nebraska	NB
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY
Unknown (United States)	US

TERRITORIAL POSSESSION CODES

Territory	Codes
American Samoa (Islands)	AM
Baker Island	BK
Canal Zone	CZ
Caroline Islands	CG
Guam	GM
Howland Island	HO
Jarvis Island	JR
Johnston Atoll	JI
Kingman Reef	KI
Marshall Islands	MH
Midway Islands	MW
Navassa Island	VL
Northern Marianas Islands	MK
Palmura Atoll	PL
Puerto Rico	PR
Virgin Islands	VI
Wake Island	WK

FOREIGN COUNTRIES/DEPENDENCIES/ TERRITORIES

Country Code (-A-)	Code
Afghanistan	AF
Albania	AA
Algeria	AN
American Samoa (Islands)	AM
Andorra	AD
Angola	AO
Anguilla	AE
Antigua & Barbuda	AI
Argentina	AT
Armenia	AP
Aruba (now independent Netherlands Antilles)	AJ
Ashmore and Cartier Island	AH
Australia	AS
Austria	AU
Azerbaijan	AV
Azores Islands	AQ

Country (-B-)	Code
Bahamas	BD
Bahrain/Bahrein	BE
Balearic Island	BW
Bangladesh	BL
Barbados	BB
Barbuda & Antigua	AI
Bassas Da India (French Possession)	BF
Belgium	BG
Balize (formerly British Honduras)	BH
Benin (formerly Dahomey)	DH
Bermuda	BM

Country (-B-)	Code
Bhutan	BN
Bolivia	BV
Bonaire (Netherlands Antilles)	NX
Bosnia & Herzegovina	BP
Botswana	BT
Bouvet Island	BQ
Brazil	BZ
British Honduras (now Belize)	BH
British Indian Ocean Territory	BO
British Virgin Islands	VB
British Solomon Islands	BS
Brunei	BX
Bukina Faso (known as Bulcina (formerly Upper Volta)	UV
Bulgaria	BU
Burma	BR
Burundi	BI
Byelarus	BY

Country (-C-)	Code
Cambodia (Khmer Republic, now Kampuchea)	CJ
Cameroon	CM
CANADA (See list of Provinces later in this chapter; use CD for Unknown)	
Canary Islands	ZI
Cape Verde Islands	CV
Cayman Islands	CP
Central African Republic	CW
Ceylon (now Sri Lanka)	CY
Chad	CF

Country (-C-)	Code
China, Taiwan	TW
China, People's Republic	RC
Christmas Island, Territory of (Australian External Territory)	HR
Clipperton Island (French Possession)	DB
Cocos (Keeling) Islands	DD
Colombia	CB
Comoros, Federal Islamic Republics of the	DG
Congo, Brazzaville	RB
Congo, Kinshasa (now Zaire)	ZR
Cook Island	DI
Coral Sea Islands, Territory of (Australian External Territory)	DJ
Costa Rica	CR
Cote d'Ivoire, Republic of (Ivory Coast)	IY
Croatia	KC
Cuba	CC
Curacao	NX
Cyprus, Republic of	CS
Cyracar (Netherlands Antilles)	NX
Czech Republic	EZ
Czechoslovakia	CK

Country (-D-)	Code
Dahomey (now Benin)	DH
Denmark, Kingdom of	DK
Djibouti, Republic of	DN
Dominica	DM
Dominica Republic	DR
Ducie Island (DU for reference only)	PC

Country (-E-)	Codes
Ecuador	EU
Egypt (Un. Arab Rep.)	EY
El Salvador	EL
Ellice Island (now Tuvalu)	TV
England	EN
Equatorial Guinea	EK
Estonia	ES
Ethiopia	EO
Europa Island French	ER

Country (-F-)	Code
Falkland Islands	FA
Faroe Island	FO
Federated States of Micronesia	FS
Fiji	FJ
Finland	FD
France	FN
French Polynesia	FP
French Guiana	FG
French Southern & Antarctic Lands	FR

Country (-G-)	Code
Gabon	GB
Gambia	GK
Gaza	GZ
Georgia (formerly Gruzinslcaya)	GD
Germany	GE
Ghana	GG
Gibraltar	RG
Gilbert & Ellice Islands (now Kiribati)	KB

Country (-G-)	Code
Glorioso Island (French Possession	GO
Greece	GC
Greenland	GN
Grenada	GJ
Guadeloupe	GP
Guatemala	GT
Guernsey Bailiwich (British Crown Dependency)	GF
Guiana, French	FG
Guinea	GI
Guinea-Bissau	PG
Guyana	GY

Country (-H-)	Code
Haiti	HT
Heard Island & McDonald Island, Territory of (Australian Territory)	HE
Hercegovena & Bosnia (HC for reference only)	BP
Holland (Netherlands)	NE
Honduras	HD
Hong Kong	HK
Hungary	HU

Country (-I-)	Code
Iceland	IC
India	II
Indonesia (now includes Timer)	IO
Iran	IR
Iraq	IQ
Ireland	IE
Islas Malvinas (Falkland Islands)	FP

Country (-I-)	Code
Isle of Man	IB
Israel	IS
Italy (including Sicily & Sardinia)	IT
Ivory Coast (now Cote d'Ivoire)	IY

Country (-J-)	Code
Jamaica	JM
Jan Mayen (Norwegian Territory)	JN
Japan	JA
Jersey, Bailiwich of British Crown Dependency	JE
Jordan	JO
Juan de Nova Island	JU

Country (-K-)	Code
Kampuchea (now Cambodia)	CJ
Kazakhstan	KT
Keeling (Cocos) Islands (Australia Dependency)	DD
Kenya	KE
Khmer Republic	CJ
Kiribati (formerly Gilbert Island)	KB
Korea, South	KO
Korea, North	KN
Kuwait	KU
Kyrgyzstan	KZ

Country (-L-)	Code
Labrador (included in Newfoundland)	NF
Laos	LS
Latvia	LT
Lebanon	LN

Country (-L-)	Code
Lesotho	LE
Liberia	LB
Libya	LY
Liechtenstein	LI
Lithuania	LH
Luxembourg	LX

Country (-M-)	Code
Macau (formerly spelled Macao)	OC
Madagascar (included in Malagasy Republic)	MP
Madeira Islands	IM
Malagasy Republic (includes Madagascar)	MP
Malawi	MF
Malaysia	MZ
Maldives	MV
Mali	ML
Malta	MY
Man, Isle of (Crown Dependency)	IB
Manahiki Island	KH
Mariana Islands	MK
Marshall Islands	MH
Martinique	ZB
Mauritania	MU
Mauritius	UM
Mayotte, Territorial Collectivity of	YO
McDonald Island & Heard Island	HE
MEXICO (See list of Mexican States later in this chapter; use MM for unknown state)	
Midway Islands	MW
Moldova	LD

Country (-M-)	Code
Monaco	MJ
Mongolia	MG
Montserrat	RR
Morocco	MQ
Mozambique	ZO

Country (-N-)	Code
Namibia (South West Africa)	SJ
Nauru	NR
Nepal	NP
Netherlands (Holland)	NE
Netherlands Antilles (now Bonaire)	NX
Nevis & Saint Christopher (“Kitts”)	TS
New Caledonai	NQ
New Guinea (now Papua New Guinea)	NO
New Hebrides	HN
New Zealand	NZ
Nicaragua	NU
Niger	NN
Nigeria	NG
Niue	IU
Norfolk Island, Territory of (Australian External Territory)	OF
North Korea	KN
North Vietnam	VN
Northern Ireland	NI
Norway	NW

Country (-O-)	Code
Okinawa	OI
Oman	OM

Country (-P-)	Code
Pakistan	PK
Palau, Republic of	PD
Panama	PM
Papua New Guinea (formerly New Guinea)	NO
Paracel Islands	PF
Paraguay	PV
Peoples Republic of China	RC
Peru	PU
Philippines	PI
Pitcairn Island	PC
Poland	PO
Polynesia, French	FP
Portugal	PT
Portuguese Timor	TI
Portuguese (now Guinea-Bissau)	PG
Puerto Rico	PR

Country (-Q-)	Code
Qatar	QA

Country (-R-)	Code
Republic of Congo, Brazzavile	RB
Reunion	RE
Rhodesia (now Zimbabwe)	RH
Romania/Rumania	RU
Russia (USSR) (for reference only)	RA
Russia Federation	RF
Rwanda	RW

Country (-S-)	Code
Saint Helena	HS

Country (-S-)	Code
St. Kitts-Nevis-St. Christopher	TS
St. Lucia	LU
St. Pierre and Miquelon	PS
St. Vincent & the Grenadines	VV
San Marino	SH
Sao Tome and Principe	TP
Sardinia (included in Italy)	IT
Saudi Arabia	SB
Scotland	SS
Senegal	SG
Seychelles	SE
Sicily (included in Italy)	IT
Sierra Leone	SA
Sikkim (same as India)	II
Singapore	SR
Slovakia	LF
Slovenia	LO
Socialist Republic of Vietnam	RV
Solomon Islands (formerly British Solomom Islands)	BS
Somalia	SM
South Africa	SF
South Georgia and the South Sandwich Islands	GS
South Korea	KO
South Vietnam (for reference only)	VS
Southern Yemen (now People's Democratic Republic of Yemen, capital Aden)	ST
SW Africa (Namibia)	SJ
Soviet Union (USSR) (for reference only)	SX
Spain	SP

Country (-S-)	Code
Spanish Sahara (now Western Sahara)	RS
Spratly Islands	TE
Sri Lanka (formerly Ceylon)	CY
Sudan	SU
Suriname (also Surinam)	ZC
Svalbard (Norwegian Territory)	SV
Swaziland	SW
Sweden	SQ
Switzerland	SZ
Syria	SY

Country (-T-)	Code
Taiwan (Republic of China)	TW
Tajikistan	TJ
Tanzania	TZ
Thailand	TH
Timor, Portuguese	TI
Togo	TO
Tokelau	TK
Tonga	TG
Tongareua	TQ
Trinidad & Tobago	TT
Tromelin Island	TM
Trucial States (now United Arab Emirates)	TC
Tunisia	TU
Turkey	TY
Turkmenistan	UR
Turks and Caicos Islands	TR
Tuvalu (formerly Ellice Island)	TV

Country (-U-)	Code
Uganda	UG
Ukaine	UK
Unknown (Note: For use in III records only)	XX
United Arab Emirates (formerly Trucial States)	TC
United Arab Republic (for reference only)	EY
Upper Volta (now Bukina Faso, known as Bulcina)	UV
Uruguay	UY
USA (See list of States in this chapter)	
USSR (Soviet Union)(for reference only)	SX
U.S. Virgin Islands	VI

Country (-V-)	Code
Vanuatu, Republic of (formerly New Hebrides)	HN
Vatican City	VY
Venezuela	VZ
Vietnam, North (for reference only)	VN
Vietnam, South (for reference only)	VS
Virgin Islands, U.S.	VI

Country (-W-)	Code
Wake Island	WK
Wales	WL
Wallis and Futuna	WF
West Bank	WB
West Germany (for reference only)	WG
West Indies (for West Indies	WN

Country (-W-)	Code
Island not found separately listed)	
Western Sahara	RS
Western Samoa	WS

Country (-Y-)	Code
Yemen (People's Democratic Republic of Yemen, capital Aden) (for reference only)	RY
Yemen (capital Sana) (for	YE

Country (-Y-)	Code
reference only)	
Yugoslavia (for reference only)	YG

Country (-Z-)	Code
Zaire (formerly Congo Kinshasa)	ZR
Zambia	ZM
Zimbabwe (formerly Rhodesia)	RH

CANADIAN PROVINCES

Province	Codes
Alberta	AB
British Columbia	BC
Manitoba	MB
New Brunswick	NK
Newfoundland (includes Labrador)	NF
Northwest Territories	NT
Nova Scotia	NS
Ontario	ON
Prince Edward Island	PE
Quebec	PQ
Saskatchewan	SN
Unknown Canadian Province	CD
Yukon (Territory)	YT

MEXICAN STATES

State	Code
Aguascalientes	AG
Baja California (Northern Section)	BA
Baja California (Southern Section)	BJ
Campeche	CE
Chiapas	CI
Chihuahua	CH
Coahuila	CU
Colima	CL
Distrito Federal (Mexico, D.F.)	DF
Durango	DO
Guanajuato	GU
Guerrero	GR
Hidalgo	HL
Jalisco	JL
Mexico, D.F. (Distrito Federal)	DF
Mexico (State)	MX
Michoacan	MC

State	Code
Morelos	MR
Nayarit	NA
Nuevo Leon	NL
Oaxaca	OA
Puebla	PB
Queretaro	QU
Quintana Roo	QR
San Luis Potosi	SL
Sinaloa	SI
Sonora	SO
Tabasco	TB
Tamaulipas	TA
Tlaxcala	TL
Unknown Mexican State	MM
Veracruz	VC
Yucatan	YU
Zacatecas	ZA

INDIAN NATIONS

State	Code
Absentee Shawnee	EE
Devil's Lake Sioux Tribe	DL
Sac & Fox	FX
Fond du Lac	FC
Kiowa	KW
Menominee	IX
Mille Lacs	LC
Oglala Sioux	OS
Red Lake	RL
Shakopee	KP
Turtle Mtn. Band of Chipewa	UC
White Earth	WE

Appendix C Phone Listing

Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432

Customer Support	(815) 740-5160
Stores Clerk	(815) 740-5216

FOID/FTIP Customer Service	(877) 306-8101

Field Specialists

Jennifer Dunbar	(618) 542-2171 ext. 8116
Heidi Parent	(708) 633-5568
Ronnie Studebaker	(815) 844-1500 ext. 2289
Terri Wysocki	(708) 633-5451
Cindy Jones, Manager	(217) 785-0384

Forensic Laboratories

Joliet Laboratory
515 East Woodruff Road
Joliet, Illinois 60432 (815) 740-3543

Metro-East Laboratory
10023 Bunkum Road
Fairview Heights, Illinois 62208 (618) 397-6653

Morton Laboratory
1810 South Main Street
Morton, Illinois 61550 (309) 263-7491

Rockford Laboratory
200 South Wyman, Suite 400
Rockford Illinois 61101 (815) 987-7419

Southern Illinois Laboratory
606 East College Street
Carbondale, Illinois 62901 (618) 457-6714

Springfield Laboratory
2040 Hill Meadows Drive
Springfield, Illinois 62702 (217) 782-4975

Suburban Chicago Laboratory
2873 South 25th Avenue
Broadview, Illinois 60153 (708) 338-7830

Chicago Forensic Science Center
Damen & Roosevelt
Chicago, Illinois (312) 433-8000

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